

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE		5	0	0	~9	8
CERTIFICATE OF DEATH		REG. NO.				

- STATE REGISTRAR 1. DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) Louis Charles Jones IF UNDER TYEAR 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) MONTH June 1, 1909 75 Male White BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Mary land U.S.A. WIDOWED DIVORCED | Baltimore County 12h. KIND OF BUSINESS OR ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (Ivee or work for most of working Life) INDUSTRY
Retired-Baltimore City Public (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Catonsville Summit Nursing Home USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION COUNTY 13a. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Howard Ellicott City 9310 Joey Drive 21043 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Barbara Henry D. Jones Miller ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT IYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) WW 2 218-14-7979 Mrs. Charlotte Mason Yes Same as # 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY monave Conditions, if any, which gave rise to immediate cause (a), stating underlying cause APED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART TO 15eoza 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES | 71a ACCIDENT WAS UNDERLYING 216 TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) P M 21f. LOCATION 21d IN JURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22e.1 certify that (I) (this haspital) attended the deceased fram saw the deceased always wew the bady after death and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MA PHYSICIAN'S NAME COPYCOPHIN 22e ADDRESS Room 202 1001 Pine Heights Ave. Baltimore MD Dr. Glen Johnson

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY

STATE

2-2-1985 Baltimore Loudon Park Cemetery Burial Leroy Russell C. Witzke Funeral Homes P. A 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

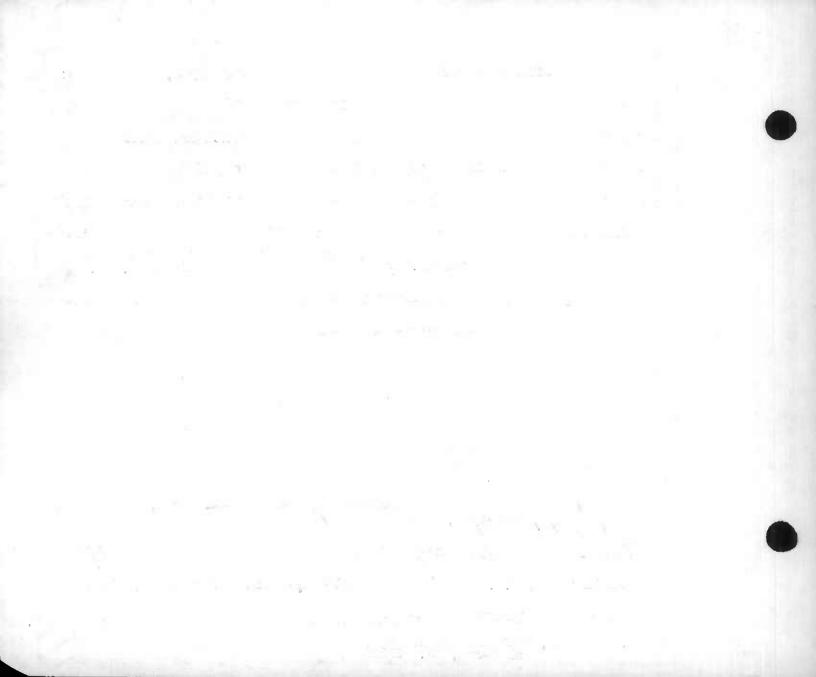
1630 Edmondson Ave., Catonsville, MD. 21228

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nerol dir n 72 hou		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	PALTIMORE CITY OF COUNTY	
s ofter di	4 .	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION BET ADDRESS) TO GENERAL HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE Home Maker	126. KIND OF BUSINESS O INDUSTRY
24 hour filled in only by	130 3	TATE 136 C	me or other institution, give residence befounty 13c, CITY OR TO	ORE ADMISSION) 13d. INSIDE CITY LIMITS?	6806- Brookmil	1 Road 21215
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be execut		VAS DECEASED EVER IN U.S VES. NO OR UNKNOWN) (IF Y	S. ARMED FORCES? 166 SOCIAL SE 180-24-	CURITY NO. 17 INFORMANT Mrs. -1050 A 8214 Streamwo	Helga Goldstein	ore, MD. 21208
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quires that the death a signed by the ottendir hen please remove cart to burial, cremation, or ijury, or ather traumati	Z	Conditions, if ony, whice gove rise to immediate couse iol, stating the underlying couse loss PART 2 OTHER SIGNIFICATION TO THE SIGNIFI	DUE TO, OR AS A CONSECUTION (c)	E PEPTIC VLCER, NEW		EN IN PART TO
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offending of the control of the cont	MEDICAL	2 Id. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
R ATTENDIF hospitol or RECTOR: A red for use of ppt of Healt rem 21 is mo		22a.1 certify that (1) (three saw the deceased of above, (1) (see) (three 22b. SIGNATURE	ve on 1-26 19	Dan .	deoth occurred on the date and hou	122c. DATE SIGNED
TO HOSPITAL OF TO HOSPITAL OF TO FUNERAL DII should be detach with the State De IMPORTANT. If h		22d. PHYSICIAN'S NAME (TYPE OR PRINT)	22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	1/26/15
BP		BURIAL, CREMATION, REMO SPECIFY, BUrial	DVAL 236 DATE 23	NAME OF CEMETERY OR CREMATORY Joodlawn Cemetery	23d LOCATION CITY OR TOWN	county STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24. F	JNERAL DIRECTOR Lor		Directors, Inc. 25a DA	TE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE

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g 50 g		COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	1	D NEVER MARRIED	9. BALTIMORE CITY O			
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and 2 somin	14. 62		Zozos		Evangelia	AJDDLE		Andri	otis
n and co		VAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU (WAR OR DATES) 218-62-44		Kostas Karam	ihalis, 519 Bal	ss Tolna timore		t
physicia physicia npapers mavol.		PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), and DBY: ECAUSE (a) Cardiopul		y Arrest			BETWEEN	IMATE INTERVAL ONSET AND DEATH
equires that the death signed by the attend. Then please remove co. To buriel, cremotion, a nijury, ar ather traumat	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (b) Cerebrova DUE TO, OR AS A CONSEQUE (c)	SCULA ENCE OF	ur Accident	INAL DISEASE OR CON	DITION GIVE	V IN PART 10	0
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g physici g physici certificate rial-trans ental Hyg tem 18 sh		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	71c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	TT OR PART 2}	
G PHYS of the bury and Med or I	MEDI	71d INJURY OCCURRED WHILE NOT WHILE ALWORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC }	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
ATTENDIN aspital ar a ECTOR: Aft de for use as de for use as at af Health m 21 is mor		220.1 certify that to (this hospit saw the deceased alive an above, ((we) (did) it did	ol) attended the deceased from	Decen 5	nber 17, 1984 nd that in (1) (aur) apinion of DEGREE	, to <u>January</u> death occurred on the d			
TAL OR RAL DIR detache tate Dep		Paul S	iddoway	M	ATTENDING PHYSICIAN	MEDICAL STA		1/5	7/85
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be showned by the hospital are artificate has been signed by the other diagram. The low requires that the death certificate has been signed by the other diagram. The please remove corbon pages to imme consolidations to street the solidations of removal consolidations. The please remove corbon pages to imme consolidations of removal in the State Dept. of Health and Mental Hygiene prior to be prior to the other diagram. The please remove corbon pages to imme consolidations of the other diagram. The please remove corbon pages to imme consolidations of the other diagram. The please remove corbon pages to imme consolidations of the other diagram. The please remove corbon pages to imme consolidations of the other diagram. The death of the death of the other diagram of the death of the other diagram. The death of the	Paul Siddoway			9000 Frankl	in Square I	rive,	21237		
-					emetery or crematory n Cemetery	23d LOCATION CITY OR TOWN Baltimore	Balt	county	State Md.
	'Ar	uneral director Matthews,	3021 Eastern Ave Baltimore, Md.	enue 2122	. 1 64	REC'D. BY REGISTRAR N 8 1985	25b. REGISTR.	AR'S SIGNAT	URFLAKE



FOR - STATE REGISTRAR 1. DECEASED NAME

> FEMALE TO BIRTHPLACE (STATE OR FOREIGN

Lithuania

4. FATHER'S NAME

NO

CITY OR TOWN OF DEATH

(TYPE OR PRINT)

3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5 DATE OF BIRTH MONTH

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

CERTIFIC	ATE OF D	EATH	REG. N	40.						
LAST			2a. DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	JR		
KAF	RASA			1	4	85	9:20A			
DATE OF E	BIRTH		6. AGE IN YEARS LAST 8	RTHOAY)	IF U	NDER I YEAR	IF UNDER	24 HRS		
MONTH 8	21	9 YE AR	75	YRS.	MON	THS DAYS	HOURS	MIN.		
MARRIED [] NEVER A	AARRIED -	9. BALTIMORE CITY							
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HOME OR (OTHER INST		12a USUAL OCCUPAT	OF WORKING		126. KIND O INDUSTRY	F BUSINI	SS OR		

LAST

ARBUTUS		POPLAR AVENU	E, 21227	Homemaker	
		GIVE RESIDENCE BEFORE ADMISSION)		1	
a. STATE	13b COUNTY	13c. CITY OR TOWN		13e STREET ADDRESS / ZIP CODE	
MARYLAND	BALT IMORE	ARBUTUS	YES NO K	1333 POPLAR AVENUE,	21227

M-ID-OLE Mykolas Savickas 166. SOCIAL SECURITY NO 60. WAS DECEASED EVER IN U.S. ARMED FORCES? HEYES, GIVE WAR OR DATES!

EUGENIJA

4 RACE

WHITE

Lithuania

76. CITIZEN OF WHAT COUNTRY?

17. INFORMANT 213-32-0921

15. MOTHER'S MAIDEN NAME

Alvydas Karasa 990 Hillendale Dr. 21401

ADDRESS

UNKNOWN

18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	one couse per line for (a), (b), gnd (c) BY. CAUSE (a) Metastatic ovarian e	avemoma	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate cause (a), stafting the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF		
2	nditions <u>contributing to death</u> but not related to the ter	minal disease or con	DITION GIVEN IN PART 110
190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	20c AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)

1	196 DATE OF OPERATION	OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED				IN CERTIFYING CAUSES OF DEATH?		
ı				YES 🗌	NO	YES	NO 🗌	
- 1	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	216 HOW INJURY OCCURRED) (ENTER N	ATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)		
ı	I IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19						
ı	21d INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOW	N COUNTY	STATE	

220.1 certify that (I) (this hospital) attended the deceased from

sow the deceased give on 100 of the body after		ed on the date and hour and from the couses sto
27h SIGNATUSE	DEGREE ATTENDING (MEDICAL	STAFF STAFF

22e ADDRESS

PAUL E. GORMLE	Y, M.D.	ST. AGNES HOS	SPITAL ONCOLOG	Y DEP	ARTMENT
Be. BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
Burial	1/7/85	Loudon Park Cemetery		COUNTY	Maryland

24. FUNERAL DIRECTOR

MEDICAL

21229

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/B3 (VRA 15, 4)

should be detoched with the State Dept.

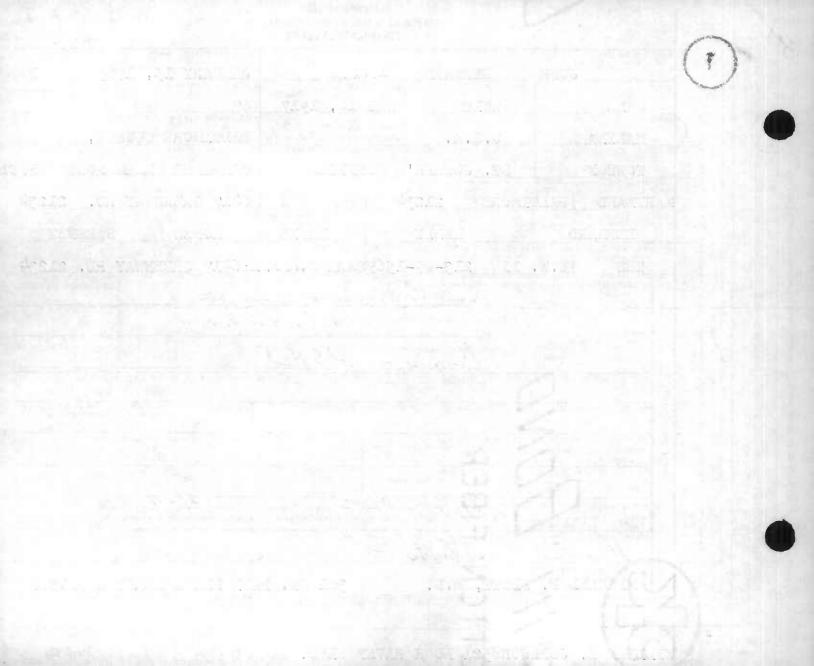
bed

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DAY YEAR 2b. HOUR 1985 IF UNDER 24 HRS IF UNDER TYEAR **BALTIMORE CITY OR COUNTY OF DEATH** BALTIMORE COUNTY 12b. KIND OF BUSINESS OR INDUSTRY TRANSFER CLERK POST GREENWAY RD. SWEENEY GREENWAY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1100 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED 301 ST. PAUL PLACE MERCY HSOPITAL COUNTY STATE 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE JOHNSON8521 LOCH RAVEN BLVD

STATE OF MARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)



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IMPORTANT If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event, the medical

STATE OF MARYLAND

	1	REGISTRAR				CERTIF	ICATE OF	EAIN		REG. N	10.				
		CEASED NAME	FIRST	M.	IDDLE	ı	AST		20. DATE	OF DEATH	MONTH	DAY	YEAR	26 HOUR	?
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	3. SE)	X	TTAIL	4 RACE	auı	5. DATE C	erger		6 AGE	IN YEARS LAST BIR	RTHDAY)	IF UNDI	ERIYEAR	IF UNDER :	M 24 HRS
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	160 V	VAS DECEASED EVE			16b SOCIAL SECU		17 INFORMA	- 4		ADDR			212		
	(1	YES, NO OR UNKNOWN)		E WAR OR DATES)	215-12-4	1250	Tohn	C Var		1100	Tilano	J = 101			
			<u> WW</u>				POUL	S. Kei	r.ger.	1102	rre				
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	-	Canditions, if on		(b)											
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1	IF.								YEST	NOW [YES T	CAUSES	OF DEATH	1?
3	CER	210. ACCIDENT WAS U	NDERLYING [216 TIME OF			21¢ HOW IN	JURY OCCUR	RED (ENTER	R NATURE OF INJL	JRY IN ITEM 18	PART I OR	PART 2}		
7		OR CONTRIBUTING		1111		Y YEAR									
	MEDICAL	21d INJURY OCCU		P.N 21e. PLACE C		19	211 LOCATE	NC							_
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PHYSICIAN DIRECTOR PHYSICIAN												119/2	27		
		22d. PHYSICIAN'S N	19.				22e ADDRES						- (
		James	s J.	Nolan	M.D.		1 Ma	llow I	Hill	Road	, Ba	1to	Mo	21:	229
	23 a B	BURIAL, CREMATION	, REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR	CREMATORY		OCATION CITY OF TOWN			17.4		
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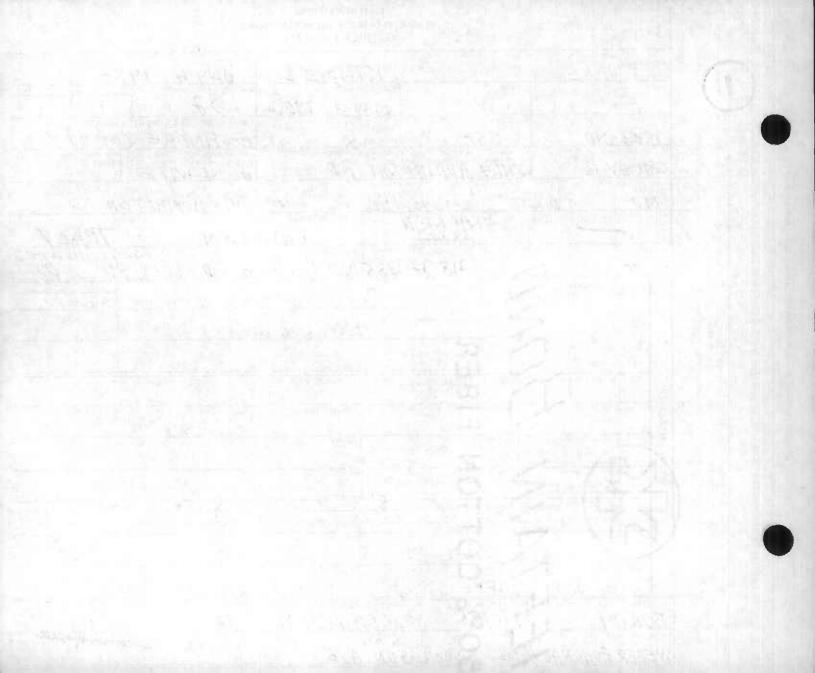
Md.

MacNabb Funeral Home Catonsville

DHMH - 16 60M 7/84 (VRA 15, 4)

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	3. SE	F	4. RACE		S DATE O	13 1902	87	YRS YRS	DER I YEAR IF UNDER 24 HRS. S DAYS HOURS MIN.
funeral d ithin 72 ha	70. 8	IRTHPLACE (STATE OR FOREIGN COUNTRY) RELIAND ITY OR TOWN OF DEATH	15	WHAT COUNTRY?	MARRIED		CALL TO THE	RE CO	UNTY MD.
offer of the		TONSVILLE AL RESIDENCE LIE NURSING HOME	5-464 OR OTHER INSTITUTION		DORESS)	RP	HOUSE WI		DUSTRY
tand 24 hin 24 h	130	STATE 13b COL 1D ATHER'S NAME	LTO	CATONSV	///E	13d INSIDE CITY LIMITS? YES NO S	13e STREET ADDRESS 5464 AVP	INGTON	Ro DIZZE
cuted with		FIRST WAS DECEASED EVER IN U.S. A	MIDDLE PARCES?	16b SOCIAL SECUR	RITY NO	FIRST UNK	NOWN ADDRE	55 1 200	TRACY
ALTIMORE To ond of The medical		YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	218.32	3885	ANN KAUJFU	55 010 Ro	VER RE	CD.
N ST., BA certificat ng physi rbonpop r removo		PART I. DEATH WAS CAUS	ED BY. ATE CAUSE (0)	r line for (o), (b), ond	ae	ute Myoca	ideal enfar		SETWEEN ONSET AND DEATH
PRESTOR ne death re offendi motion, o		Conditions, if any, which gove rise to immediate	(b)_	r as a conseque		Evens clesor	his Cub	4 .0	
es that the please re price. Coroll creations.		couse (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT	(c)_	R AS A CONSEQUE		IOT BELATED TO THE TERM	INIAL DISEASE OF COMM	NTION OF THE	DADY I
been sign mit. Then prior to bi	ATION	19a DATE OF OPERATION		ITION FOR WHICH (20g AUTOPSY?	20b. IF YES, WER	RE FINDINGS USED
VITAL RE lo sysicion. Cote has onsit perir Hygiene p	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME C			21c HOW INJURY OCCUR	YES NO NO RED (ENTER NATURE OF INJUR	YES	CAUSES OF DEATH?
SION OF VITA PHYSICIAN: Ti ending physicia this certificate the buriol-tronsit ad Mental Hygia d or Item 18 ste	MEDICAL	OR CONTRIBUTING CAUSE OF DE CAUSE OF DE CONTRIBUTION COLLEXAMINE C	P. 21e. PLACE	M. OF INJURY	Y YEAR 19	211 LOCATION			
3 0 0 0 0	×	WHILE NOT WHILE 220.1 certify that (1) (this have		REET FACTORY, OFFICE, FA	S/	3/74 19	to Silw 4	108	STATE , that (I) (we) last
RECT RECT red fo		sow the deceosed olive o obove, (1) (we) (did) (did n 22b. SIGNATURE	ot) view the body	ofter death		that in (my) (our) opinion o	death accorded on the da		
SPITAL I by the NERAL be dette State		Keving 220 PHYSICIAN'S NAME (TYPE	and you	ffe , 9	n . R	ATTENDING PHYSICIAN P	MEDICAL STAF	F IAN	1/7/85
TO HOSPITAL retoined by t TO FUNERAL should be det with the State	23a	KENNARD BURIAL, CREMATION, REMOVA	1/4FT	C ////	AME OF CE	5501 -	123d LOCATION	= AUE	
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(VRA 15, 4)	W	EBER FUNERAL	Home	EDMONDS	ON	AVE JA	N 7 1985	teha David	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME (TYPE OR PRINT)	Juli Juli	a Wind -in	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
3. SEX FEMALE	RACE White	S. DATE OF BIRTH MONTH DAY YEAR 5 // 19	6. AGE (NYEARSLAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	YES	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY	MD.
Towsow MD	St. Joseph	Hospital	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Clerical	126 KIND OF BUSINESS OR INDUSTRY Md. State
130. STATE 13b. C	AS OR OTHER INSTITUTION GIVE RESIDENCE BEFOR OUNTY 134, CITY OR TOV Baltimore Towso	N AES □ NO XX	13e.STREET ADDRESS / ZIP COD	
	MIODLE LAST Thisner		Blackburn	LAST
160 WAS DECEASED EVER IN U.S. (YES. NO OR UNKNOWN) (IF YE. YES	S, GIVE WAR OR DATES)	-1461 Thomas Da	TÖWSÖn, v j s 1153 Charl	
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	JENCE Gronary as	disease levis cleroside MINAL DISEASE OR CONDITION GR	VEN IN PART 1 (0
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM 21d INJURY OCCURRED	FDEATH HOUR A.M. MONTH D	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18	
220 1 certify that (this h	IAI HOME, STREET, FACTORY, OFFICE	FARM. ETC.) STREET 75., and that in (ryk) (aur.) apinion	city or Town to 1-27 death occurred on the date and hos	19
226. SIGNATURE	June 1/2	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 1/28/85
236. BURIAL, CREMATION, REMO	TEL CITILE	1630 - NAME OF CEMETERY OF CREMATORY	ORK RD DU	SON MB120
(SPECIFY)	236. 07.12		CITY OR TOWN	COUNTY STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

marked or Item 18 shaws an

Cremation 24 FUNERAL DIRECTOR ADDRESS Balto., Md. Funeral Homes. 7110 Belair Rd Dippel

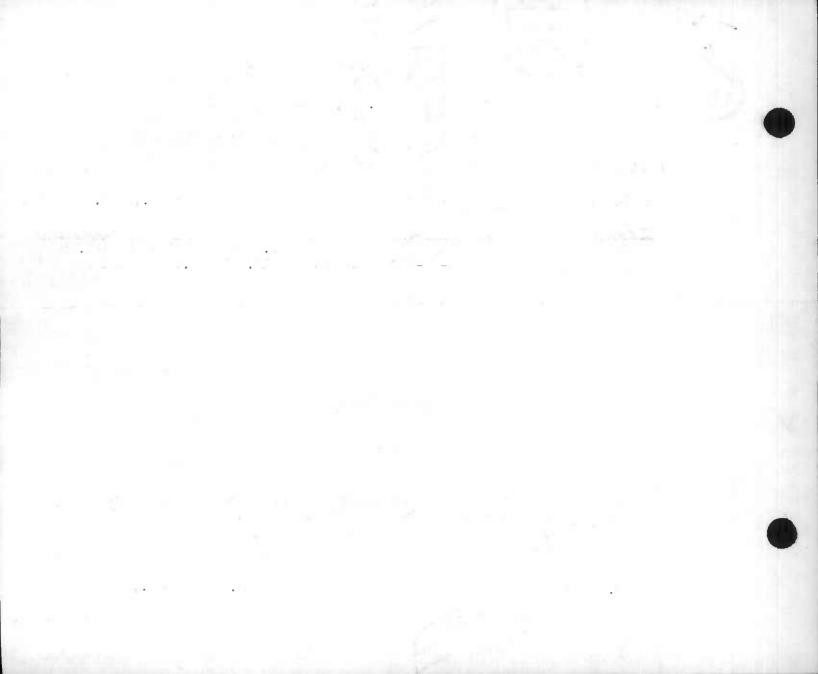
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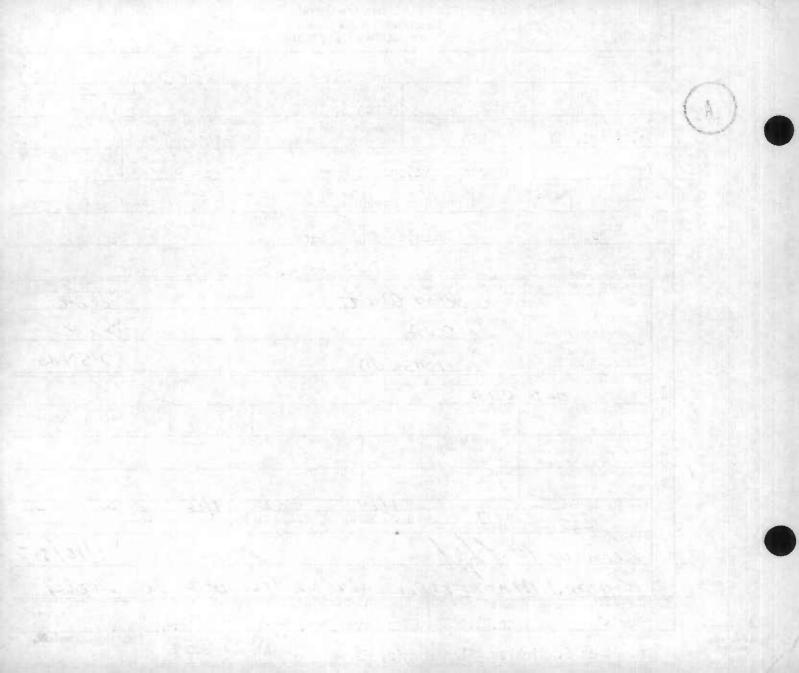
6	-1-	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH A CERTIFICATE	ND MENTAL HYGI	REG. NO	0 0 4	9 9
1		CEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
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e 4 aoy	3. SE	× =	4. RACE	S. DATE OF BIRTH			MONTHS DAY	
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by the f		OSSVILLE	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE ST FRANKLIA		405P	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		O OF BUSINESS OR
24 hour	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE B NTY 13c. CITY OR T BALTO ESS	OWN 1134 INSI	1 -	13e.STREET ADDRESS /	ZIF CODE	(221 RD.
orthin 12 sh	14. FA	THER'S NAME	MIDDLE ALTUAT	15. MOT	HER'S MAIDEN NAM		134 1 2 2 2 1	LAST
n and cample Pages I and		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL S	ECURITY NO. 17 INFO		KLEIN	SS	VE
physician physic		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b) D BY.					OXIMATE INTERVAL EN ONSET AND DEATH
equires that the death ce is signed by the attending Then please remove carb to burial, cremation, or in ivry, or other troumatic	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSE				DITION GIVEN IN PART	1ro
has been prior permit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION WAS P	ERFORMED	200 AUTOPSY? YES NO X	206. IF YES, WERE FIND IN CERTIFYING CAUS YES	
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OING PHYS or attending After this coe as the bur olth and Me marked or H	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC }	STREET	CITY OR TO	WN COUNTY	STATE
TTENDIN pital or TOR: Af- far use a af Health		220 certify that XI) (this haspi sow the deceased alive on above XI) (we) (did) MX X	January 2	om_January 985, and that in	, 19 <u>85</u> (🔭) (our) opinion o	, to	y 2 , 19.85 ate and hour and from the	_, that (IX(we) last he causes stated
TAL OR A Ty the has RAL DIREC detached tate Dept. VI. # Hem		226 DEGREE HID. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1-2-85						
TO HOSPITAL retained by the TO FUNERAL should be derived with the State IMPORTANT:		L. A. Labi	b, M.D.		Franklir	Square Dr	., 21237	
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	1 1	BARDENS	DS SAITI		COUNTY	STATE
DHMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR NAME T.G. CONNEL	ADDRE 300	MACE	250. DATE	REC'D, BY REGISTRAR	256 REGISTRARS SIGN	ATT Bridge

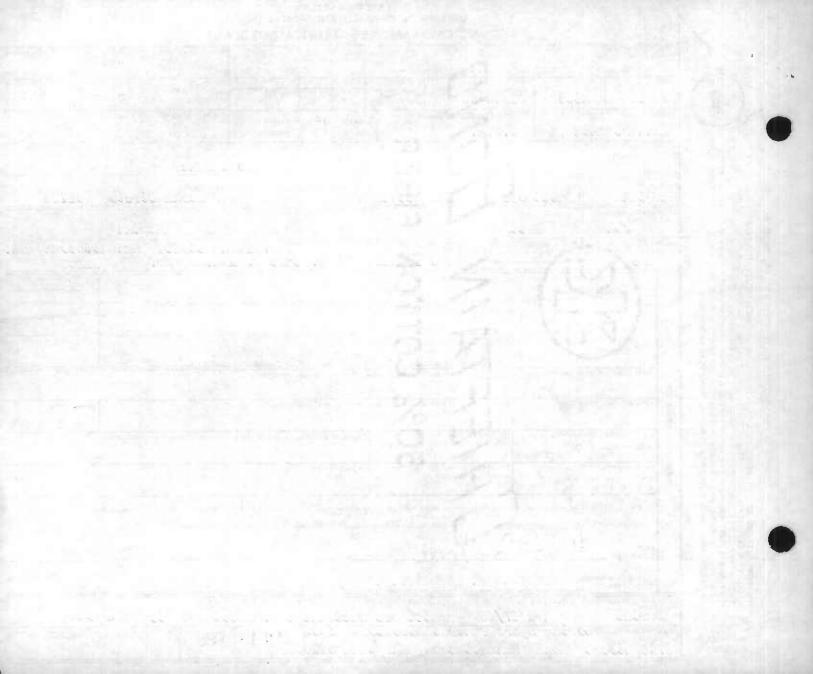
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	1 -	FOR STATE REGISTRAR	DEP	ARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE S S	00502			
m 6		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONT	H DAY YEAR 26 HOUR P			
y be		Carolin	e	Ko	pehnle	January 16	6. 1985 5:30 M			
	3. SE	X	4 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
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4 VA		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRI	ED NEVER MARRIED					
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s offer		Towson	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TOWSON CONVAILESCENT Home			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Sales - Retired				
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ba ou	/	Joseph	Cube	enik	Mary		Sukonock			
dicol dicol		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRESS				
S. Poo		res. NO OR UNKNOWN) (IF YES, GI			Robert T. (Goodwin, Same a	is 13			
ysicite per per not, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per line far (a), (P and ici	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
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ndin carb		DUE TO, OR AS A CONSEQUENCE OF								
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gned n ple ourio y, or		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE OR CONDITIO	N GIVEN IN PART 11a			
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he law ann. has been prio	CERTIFICATION	196. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION	ON WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO			
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ding ding on the or the	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINES	P.M. 21e. PLACE OF INJURY	19	21f LOCATION					
NG Ph ther the as the thond arked a	W	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, O	FFICE, FARM, ETC)	STREET	CITY OR TOWN	COUNTY STATE			
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ATTE ospith SCTC d for n 21		obove, (I) (we) (did) (did no	t) view the body after death.	19.85,0		n death accurred an the date an	nd haur and from the couses stated			
OR be he he border ocher ocher tit there		22b. SIGNATURE	11/1/		DEGREE ATTENDING	MEDICAL STAFF	224 DATE SIGNED			
 + 0		Muhnel	raghy.		PHYSICIAN	DIRECTOR PHYSICIAN	1/10/8)			
HOS Brined FUN Sould b		RICITANO	MAFFELL	041	120 ADDRESS 660 KEN	(LWONTH)	n 21204			
0 5 5 5 × ₹	230 B	URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION				
BP		Burial	Jan. 21, 1985	Glen H	aven Mem. Par	k Glen Burni	e AA MD			
DHMH - 16 50M 1/BI	24 FL	INERAL DIRECTOR			25a DA	TE REC'D. BY REGISTRAR 256. R	EGISTRAR'S SIGNATATION			
(VRA 15, 4)		James S. K	irkley, Glen B	Burnie,	MD JA	AN 21 1985				



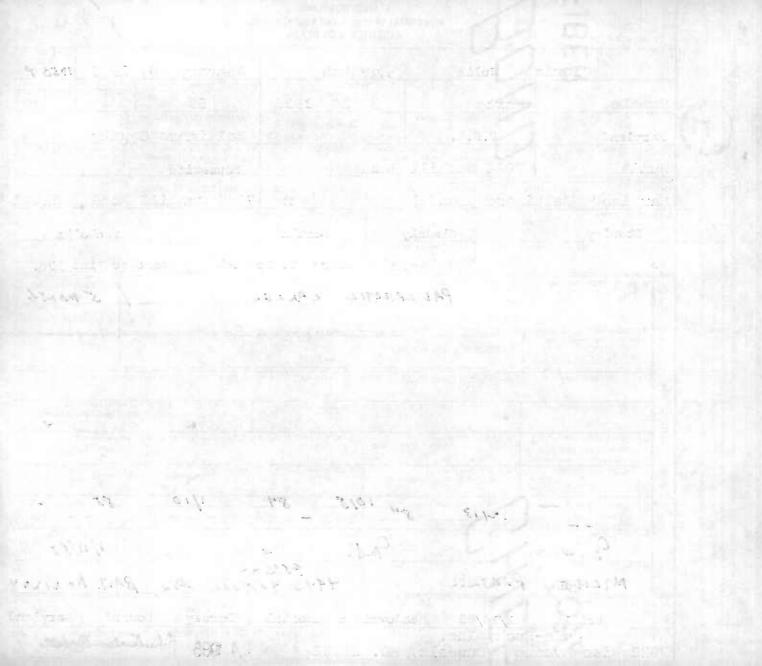


-	1-	FOR STATE REGISTRAR		DEPART	MENT OF HEALT	MARYLAND H AND MENTAL TE OF DEATH	L HYGIENE	8 5 REG. N	() lo.	0 5	0 4
		CEASED NAME F	IRST I	MIDDLE	£AST		2a. DA	TE OF DEATH	MONTH	DAY YEAR	26 HOUR
9 9 9			AMELIA	KOLE	SCHKE			NUARY		1985	9:20A M
0. 5	3. SE	<	4. RACE		5. DATE OF BIR	TH THE TOTAL		(IN YEARS LAST BIF	RTHDAY)	MONTHS DAYS	
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n 72 hau	70. BI	RTHPLACE (STATE OR FORE COUNTRY) RYLAND	76 CITIZEN OF	WHAT COUNTRY? SA	MARRIED WIDOWER	NEVER MARRIED DIVORCED		TIMORE CITY OF			MD.
led with		TY OR TOWN OF DEATH	11. NAME OF I	HOSPITAL, NURSII HEACHITY CIVESTREET LIN SQUAL	APPRESS OF OT	HER INSTITUTION	(TYPE	SUAL OCCUPAT OF WORK FOR MOST () USEWIF'S	OF WORKING L	INDUSTRY	OF BUSINESS OR
most part of the	130 S	ARYLAND GF	HOME OR OTHER INSTITUTION. BALTIMORE	GIVE RESIDENCE BEFOR	/N 13d.	INSIDE CITY LIMIT	X 4	REET ADDRESS 524 Fort			e. 21206
12 sh	14. FA	THER'S NAME FIRST	MIDDLE	LAST	15. A	NOTHER'S MAIDEL	NAME	MIDDLE		t A	AST
Puo XX		Robert	Carl	Weis	se		nna	F	G	Wo	olf
Poges		VAS DECEASED EVER IN YES, NO OR UNKNOWN) (U.S. ARMED FORCES? F YES, GIVE WAR OR DATES)	166 SOCIAL SECT	JRITY NO. 17 I	NFORMANT		ADDR			
e m				213-74-	-3110	Doris So	chille	c 4524 F	orres	st View	Ave.21206
ermit. Then please re- e priar ta burial, crem- s any injury, or ather	CERTIFICATION		lost. (c)	R AS A CONSEQUE	DEATH BUT NOT		200	AUTOPSY?	20h. IF YE	ES, WERE FINDI	INGS USED S OF DEATH?
shav	E E	21a, ACCIDENT WAS UNDER	LYING 1 216 TIME C	NE INTITION	21,	HOW INJURY OF	CCUPPED (co			res 🗌	NO 🗌
them 18 sh	MEDICAL CE	OR CONTRIBUTING CAU	ISE OF DEATH HOUR A. EXAMINER) P.	M. MONTH D	AY YEAR		CCORRED (E)	VIER NATURE OF WAS	JRT IN TIEM TO	TART TORTALTS!	M. Co.
h and M	MED	21d INJURY OCCURRED WHILE AT WORK AT WORK	(AT HOME, STI	OF INJURY REET, FACTORY, OFFICE,		LOCATION		CITY OR TO		COUNTY	STATE
should be detached for use of with the State Dept. of Healt IMPORTANT: If them 21 is mo		sow the decessed obove, (Mywe) (did 22b. SIGNATORE 22d. PHYSICIAN'S NAM	y Ross M.	Poster death.	85 , and the	ATTENDITE PHYSICIAL ADDRESS POOD FA	ING MEDIAN DIRE	CTOR PHYSI	AFF CIAN X	m pare	/85
3 / 3		BURIAL, CREMATION, RE	MOVAL 236. DATE 1-7-8			TERY OR CREMAT		LOCATION CITY OR TOWN	B	altimor	e. Md.
7.5	24 F	Burial UNERAL DIRECTOR	1 7-1-0		LATYMOOU	25	o. DATE REC'E	D. BY REGISTRA	25h FG19	STP-LES SIGNA	TAO 0.00. 1
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Leonard J. Ruck Inc. Baltimore, Maryland

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S S

STATE

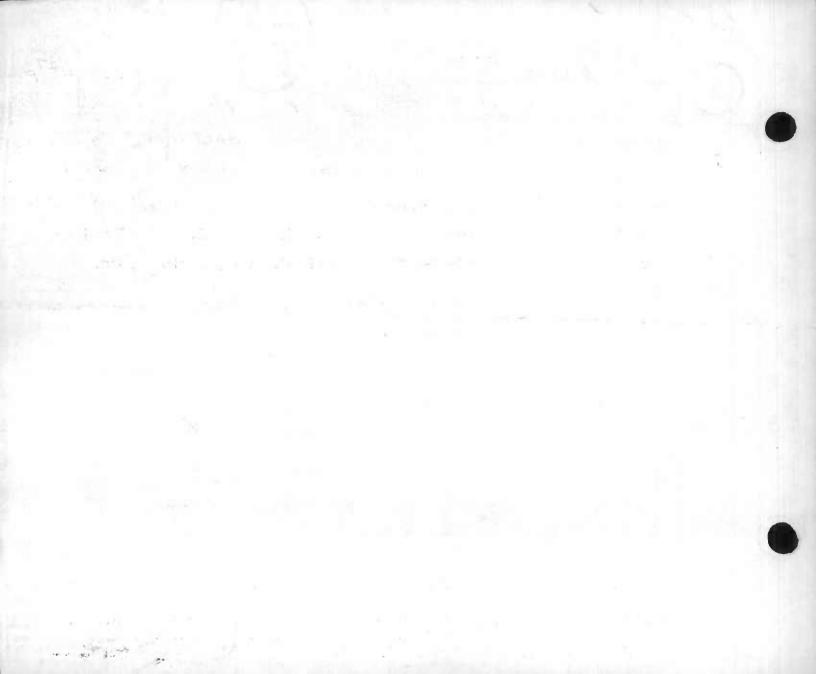
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MARYLAND 21201	
BALTIMORE,	
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VITAL RECORD	
DIVISION OF	

15	FOR STATE REGISTRAR		DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	00510
	1. DECEASED NAME (TYPE OF PRINT)	LADYS Melv	ina Kur	AST FN	26. DATE OF DEATH MONI	6 85 427 PM
y de 4 may	3. SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
death. Page uneral directory? hou	70. BIRTHPLACE (STATE OF COUNTRY)	D US	MARRIE WIDOWE		9. BALTIMORE CITY OR CO	ORE COUNTY MD.
by the fu	Towson	ST. J.	SPITAL, NURSING HOME C CILITY, GIVE STREET ADDRESS) SSGPHHO	SPITAL	120 USUAL OCCUPATION 1 TYPE OF WORK FOR MOST OF WOR SECRETARY	RKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY Law office
filled in	MARYLAND	1636 - 1 - 1	RESIDENCE BEFORE ADMISSION) CITY OR TOWN AGERS TOWN		13e STREET ADDRESS / ZIP 2 5 2 AV	1 0 2 7 10 10
ompletely	Charles	E. Itny		Bessie	E.	Trovinger
Poges comedico	YE NO OR UNKNOWN)		SOCIAL SECURITY NO. 13-16-0967	David C.	Kuhn, Baltim	
equires that the death certificate is signed by the attending physici. Then please remave carbonappe to burial, cremation, or removal injury, or other traumatic event, the	Conditions, if or gove rise to in couse 101, storunderlying cou	y, which (b) (b) DUE TO, OR AS	SA CONSEQUENCE OF	lon Tochy C	andree	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ON GIVEN IN PART 110
The low relicion. The has been may permit, repere prior stows ony	190 DATE OF OPER	ATION 196 CONDITIO	n for which operatio		YES NOX	DEFINE THE PROPERTY OF THE PRO
SICIAN: The physicic certificate certificate entof Hygin from 18 skt	OR CONTRIBUTING [CAUSE OF DEATH HOUR A.M. DICAL EXAMINER) P.M.	MONTH DAY YEAR		RED (ENTER NATURE OF INJURY IN I	IEM IS PART OR PART 2}
DING PHYS or ottendir After this e as the bu	21d INJURY OCCU	WHILE (AT HOME, STREET,	INJURY FACTORY OFFICE FARM ETC }	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
The Solution of the Solution o	sow the deced obove, (I) (we)	l) (this hospital) attended the dised olive an	er death.		death accurred on the date o	nd haur and from the couses stated
ned by the hospinal or ATI ned by the hospinal bitter the bospinal bitter wild be detected to the Sione Dept. or ONTANT: if them 2	226. SIGNATURE 226. PHYSICIAN'S	Once (TYPE OR PRINT)		22e. ADDRESS	MEDICAL STAFF	
TO HOSPITAL retoined by the TO FUNERAL should-be determined by the Sione IMPORTANT:	MONT 23a. BURIAL, CREMATION		MAN 236 NAME OF C	2936 C.	BATTIMOR 1236 LOCATION	E21 41734
BP	burial 24 FUNERAL DIRECTOR	Jan. 9, 1	985 Rest Ha	ven Cemeter		n, Wash., Md.
DHMH - 16 50M 4/83 (VRA 15, 4)		Blvd., Hager	stown, Md.	21740 AN		and some house the



5		FOR STATE REGISTRAR		PARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HYO ICATE OF DEATH	REG. NO		5
21	(TYPE	OR PRINT) Violet	Marie	Ku.			1/1/85	C A.
(*)	3. SE	female	caucasian	S. DATE C		6. AGE (IN YEARS LAST BIRT	YRS.	YS HOURS M
THE BS		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COU	WIDOWE		9. BALTIMORE CITY O	R COUNTY OF DEATH	
by the fur filed within		astpoint	11. NAME OF HOSPITAL, I		DR OTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O homemaker		O OF BUSINESS
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ompletely ompletely ond 2 s)	THER'S NAME Walter	WIDDIE		15. MOTHER'S MAIDEN NA Martha	WIDDLE	Sears	
on and co		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	20 9299	Ray Kulis	6710 Athol A	Ave., Elkri	dge Md.
ow requires that the death been signed by the attend mit. Then please remave ca prior to buriol, cremation, c	ATION	Canditions, if any, which gave rise to immediate cause (a), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTIN	NG TO DEATH BUT		MINAL DISEASE OR CONG	DITION GIVEN IN PART	
ws ne ne	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING		WINCHOFERATIO	21c HOW INJURY OCCUP	YES NO	IN CERTIFYING CAU	SES OF DEATH?
PHYSICIA ending pl this certif he buriol-1 ad Mental	MEDICAL C	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 216. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	ATH HOUR A.M. MONT	19	211 LOCATION STREET	CITY OR TO		STATI
the hospital or attending the hospital or attending to the form of		22a. I certify that (I) (this hasp sow the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE	11/11	19 <u>_84</u> , at	nd that in (my) (our) opinion DEGREE ATTENDING	. MEDICAL STAF	22c. D/	the causes stated
retained by the TO FUNERAL (should be deto) with the State I IMPORTANT: If	23a. E	724 PHYSICIAN'S NAME (TYPE) NO - HATE (BURIAL, CREMATION, REMOVAL) SPECE (SPECE)	Purseu		PHYSICIAN	DIRECTOR PHYSIC	ax. Md LIL	
			1/4/85			CITY OR TOWN	COUNTY	STATE

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	12 EI	V	แกร์สถอและ	Louis
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positive participant		.J + 200	sunty Silve	1410102,3
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Tagain In a OIY	e series yes	£625 va	22	Q.

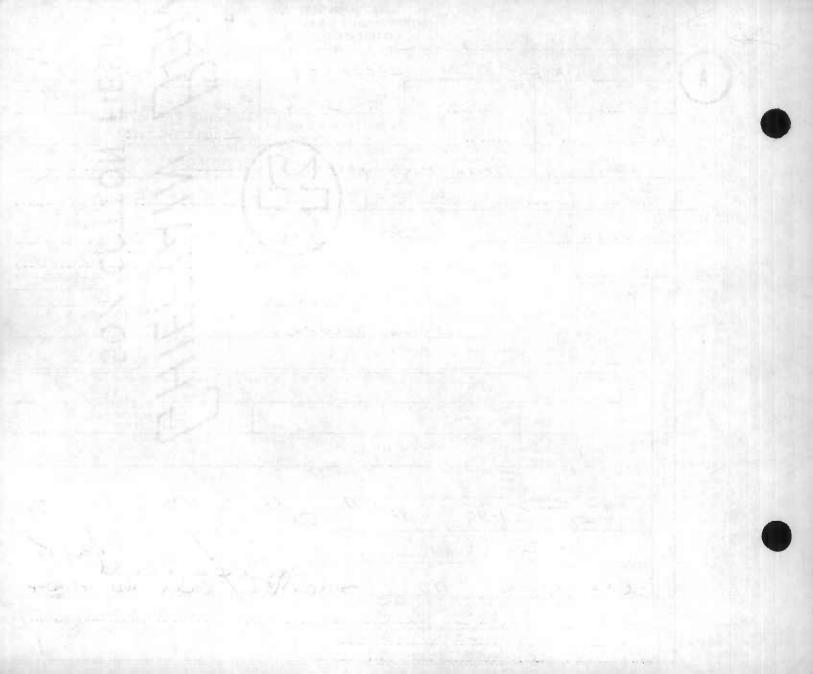
to	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 5	00512
and I	1, DEC	CEASED NAME FIRST	WIDDLE	LAST		ONTH DAY YEAR 26. HOUR
	1 SEX	ANTH	TA RACE	LAD C	6, ASE (IN YEARS LAST BIRTHD	31,1985 8.00 A
	-	m	W	MONTH 8 DAY 28	56	MONTHS DAYS HOURS MI
11 35	7a. BI	OUNTRY)	76. CITIZEN OF WHAT COUNTRY	** AARRIED NEVER MARRIED WIDOWED DIVORCED	BALTO.	COUNTY OF DEATH
No see	M	OPLE RIVER	(IF NOT IN SUCH FACILITY, GIVE STRE	ECH DR	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTRY
35	U5U.			RIVER YES NO BY		21220 ECN DR.
mpletel and 2 cand 2 cand 2)4. FA	THER'S NAME FIRST IN CEN ZO	MIDDLE LAST	15. MOTHER'S MAIDEN PRINT	COLIAN	LAST
Pages .		VAS DECEASED EVER IN U.S. AF	IVE WAR OR OATES)		OBRIEN	ELMORA AVE
ending physici e carban paper in, or remavol. motic event, th		PART I. DEATH WAS CAUSI IMMEDIA	DUE TO OR AS A CONSEO	IC ARREST	11 / A	APPROXIMATE INTERVAL BETWEEN ONSET AND IN S VPNEW REPAIRS
ined by the on n please removi burial, cremotic y, or other trau	120	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEO		T DISEASE	
rossi permit. The Hygiene prior to I	CERTIFICATION	19a DATE OF OPERATION 5725784 21a, ACCIDENT WAS UNDERLYING		HOPERATION WAS PERFORMED RY OCCLUS (C)		10b. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NOTE TO NOTE
er this certifica s the burial-trai and Mental Hy ked or them 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	CITY OR TO WIN	
AL DIRECTOR: Affiliation of the control of the cont		22a I certify that (1) (this hasp	oital) attended the deceased fram OCT 25 19. at) view the body after death.	g and that in (my) (aur) apinion		22c. DATE SIGNED
should be detrived the State		22d. PHYSICIAN'S NAME (TYPE	4/1	22e ADDRESS	AYLUR AV	/
2 € 3 ₹		URIAL, CREMATION, REMOVAL SPECIFY BURIAL	- / /-	NAME OF CEMETERY OR CREMATOR	23d LOCATION CITY OF TOWN BALTE	COUNTY STATE
16 50M 4/B2		UNERAL DIRECTOR	ADDRESS	25a. C		REGISTRAR'S SIGNATURE

E that 2/1/Per bottom there die separateur des authors

8728 Liberty Road, Randallstown, Md. 21133

(VRA 15, 4)

STATE OF MARYLAND



/	1	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	0	0 5	1 4
		CEASED NAME OR PRINT)	PIRST		ILLIAM		AMP	2a. DATE OF DEATH	01 1 g	9 85	26 HOUR 7:40PM
	3 SEX	Male		White		Jan	DF BIRTH 14 01985 YEAR	6. AGE (IN YEARS LAST		IF UNDER I YEAR	HOURS MIN.
9		RTHPLACE (STATE OR COUNTRY)	FOREIGN 7	L CITIZEN OF V	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY BALT		OF DEATH	TY MD.
b		TOWS ON		GBMC SUCI	6701 NE STEET	CHA	RLES STREET	120. USUAL OCCUPA			F BUSINESS OR
9	130 S Ma	AL RESIDENCE (IF NUR STATE LTYLAND	SING HOME OR O	other institution TY MOTE	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	130 SIREET ADDRES	zip.code	Rd.	21221
2/	14 FA	ATHER'S NAME	iam "	Pamp, J	r. LAST		Joann	we will will will be the will		LAS	ī
1	16a V	VAS DECEASED EVER		MED FORCES? WAR OR DATES)	NONE	JRITY NO.	William Lamp,		RESS	Same	
		PART I. DEATH W	H (Enter only VAS CAUSED IMMEDIATE	BY	CARDIO	PULM	ONARY ARRES	Т		BETWEEN (MATE INTERVAL DNSET AND DEATH
		Conditions, if ony, which ((b) RENAL FAILURE									
		gove rise to imi couse (o), statir underlying couse	ng the	100		VERE HEMATURITY					
	TION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN II								EN IN PART I o	
7	CERTIFICATION	190 DATE OF OPERA				OPERATIO	N WAS PERFORMED	YES NO	IN CERTIF	, WERE FINDIN YING CAUSES	
7		210. ACCIDENT WAS UNI OR CONTRIBUTING []	CAUSE OF DEAT	HOUR A.A	A. MONTH D	AY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM IB P	ART I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE FARM ETC				ARM ETC)	214 LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
		22a I certify that (I) sow the decease above, (I) (we) (a	ed alive on	1/19	198	_	1985 ad that in (my) (our) opinion o	death occurred an the	dote and haur	-	that (I) (we) lost couses stated
		226 SIGNATURE	n	J. E	lunga	~	DEGREE ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗸	1/1	9/85
1		22d. PHYSICIAN'S N.		J. X	ungen		22e ADDRESS	01 N CH.	ADLEC	CTDEE	

DHMH - 16 60M 7/84

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should be detached for use as the burial-transit permit with the State Dept. of Health and Mental Hygiene prior MPORTANT. If Hem 21 is morked or Hem 18 sh

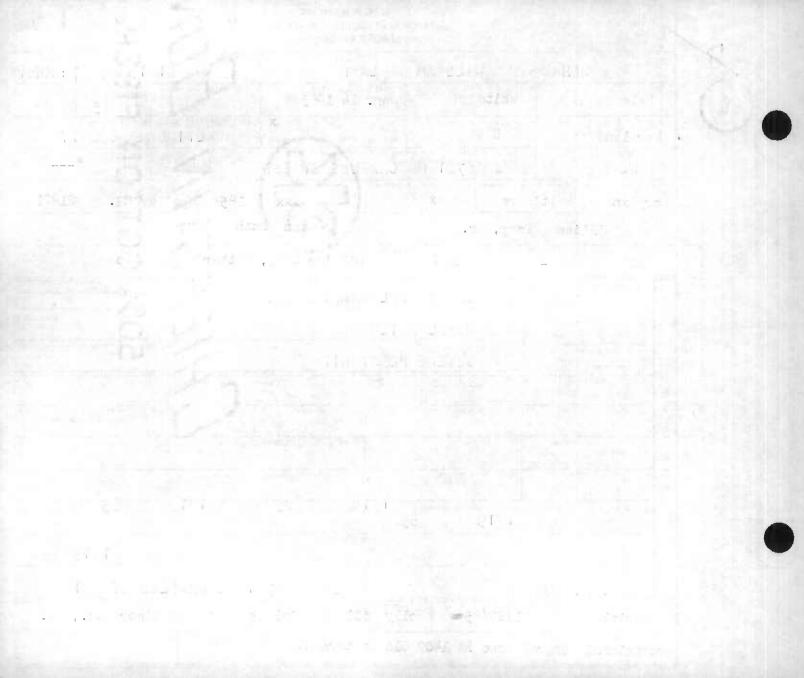
24 FUNERAL DIRECTOR Bruzdzinski (VRA 15, 4)

1/22/85

230. BURIAL, CREMATION, REMOVAL

13c NAME OF CEMETERY OF CREMATORY Holly Hill Memorial Gardens Town Baltimore Co., Malate

Funeral Home PA 1407 Old Eastern Ave DATA REGISTRARS SIGNATURES



injury, or ather traumatic event, th

MPORTANT: If them 21 is marked or them 18 shaws ony

DEPA

RTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH	E 0 5	0	0	3	
CERTIFICATE OF DEATH	REG.	NO.			
LAST 20	DATE OF DEATH	MONTH	DAY	YEAR	2h HOUR

	1 -	FOR STATE REGISTRAR		DEPART		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N	0.	0 3	1 3	
		CEASED NAME FIRST WILLIA		A.		AHAN		1 09	1 85	26 HOUR 5:30a	
	3. SE	× MALE	4. RACE W1	nite	5. DATE	OF BIRTH H 26° 1899	6 AGE (IN YEARS LAST BIR	THDAY	IF UNDER I YEAR	IF UNDER 24 HRS	
2	7a. B1	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		WHAT COUNTRY	? 8 MARRIE WIDOW	ED NEVER MARRIED	BALT IMORE			MD.	
2		TOWSON	GBMC-6	701 N.CHA	RLES	OR OTHER INSTITUTION	12a USUAL OCCUPAT			g Store	
9	USU, 13a S	AL RESIDENCE (IF NURSING HOME OF TATE MARYLand Ba		GIVE RESIDENCE BEFO		13d. INSIDE CITY LIMITS?	13. STRIES 6008ESS	zip cob Devon	e brook	Rd. 210	
1	14. FA	ATHER'S NAME FIRST	MIDDLE	Lanahai	n	15. MOTHER'S MAIDEN NAME FIRST EVA	WE		Sent	t	
7		WAS DECEASED EVER IN U.S. A	RMED FORCES?	212-03-5		Mr. Christ:	ian J. Bitt		r. Sa	me as 13	
		18 CAUSE OF DEATH (Enter only one couse per line for for, (b), and (c) PART I. DEATH WAS CAUSED BY: VENTRICULAR FIBRILLATION ONLY ONLY ONLY APPROXIMATE INTERVAL BETWEEN ONSE AND DEATH 20 MIN •									
	H	Conditions, if ony, which (b)							YRS	YRS.	
		gove rise to immediate couse lot, stating the underlying couse lost DUE TO, OR AS ATTHEROSCLEROS IS								YRS.	
	NOI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN RENAL FAILURE, CHR. RESP. FAILURE								0	
1	CERTIFICATION	19a DATE OF OPERATION	196 COND	DITION FOR WHIC	H OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDI IFYING CAUSES 'ES []	NGS USED S OF DEATH? NO	
7		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE			DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
	1	22a.l certify that (I) (this hasp sow the decom- above, (I) (w	1/09	19	QE	nd that in (my) (our) opinion	, todeath occurred on the d	ote and ho		that (1) (we) last couses stated	
1		22b. SIGNATURI	-			DEGREE ATTENDING PHYSICIAN	MEDICAL STA			9/85	
	å	E . LOBATO				gbmc-6701	N.CHARLES	ST.		Selection	
	23a E	BURIAL, CREMATION, REMOVAL (SPECIFY) Burbal	236. DATE 1/12/8			y Redeemer	Ball Cown		COUNTY	Md. STATE	

DHMH - 16 60M 7/84 (VRA 15, 4)

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Ruck Towson Funeral Home Inc. 1050 York Rd.

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2b. HOUR DECEASED NAME FIRST 20 DATE OF DEATH LIYPE OR PRINT IF UNDER 1 YEAR 5. DATE OF BIRTH A. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX MONTH director 9. BALTIMORE CITY OR COUNTY OF DEATH ESTATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED YUN/SAM Baltimore Country DIVORCED 12b. KIND OF BUSINESS OR NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION INDUSTRY Homemaker Own Home USUAL RESIDENCE (IF NURSING 136 COUNTY 13c. CITY OR TOWN 113d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 70 Maryland Baltimore Towson NO K 1713 Roland Ave., 21204 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 2 LAST MIDDLE MIDDLE Lemuel Whitmore Childs Marion 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) 219-07-8869 No Sherry Darney - Same as #13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (g) , b1, and (c1.) PART 1. DEATH WAS CAUSED BY: ARCINOM IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION prior CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? 90 nd Mental Hygiene NO YES [NO [71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE AL WORK 00 22a I certify that (I) (this bospital) attended the deceased from saw the deceased alive on 19 2 , and that in (my) (907) apinion death occurred on the date and hour and from the causes stated obove, HT (we) (did) (dud-DIRECT 22b. SIGNATURE DEGREE TTENDING MEDICAL PHYSICIAN TO DIRECTOR PHYSICIAN the Stote 22e ADDRESS

DHMH - 16 50M 4/83 (VRA 15, 4) 230. BURIAL, CREMATION, REMOVAL

(SPECIFY)

Burial

23b. DATE

-7-85

24 FUNERAL DIRECTOR

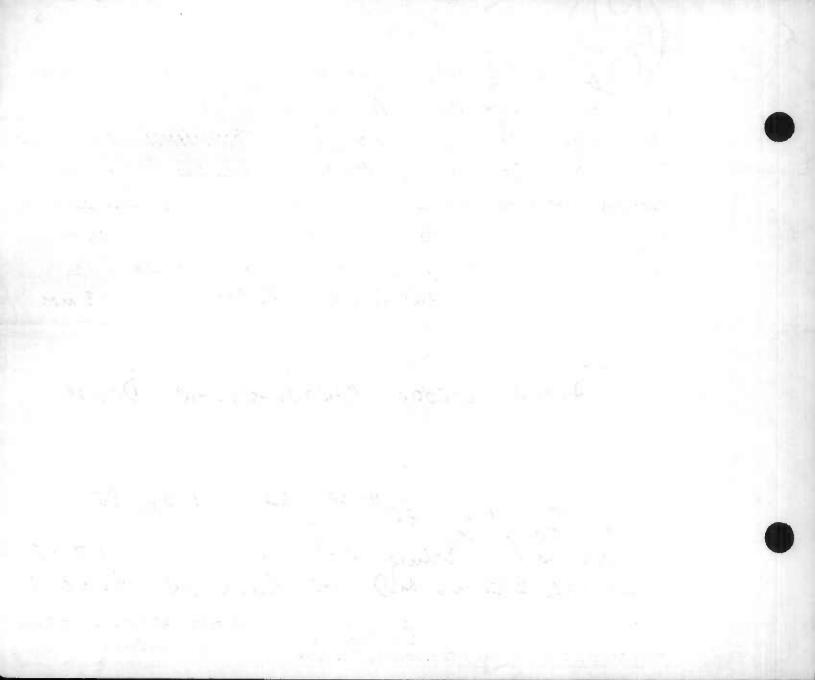
ADDRESS 1050 YORK Rd. 250 DATE REC'D. BY REGISTRAR'S SIGNATURE

Ruck Towson Funeral Home, Inc. Towson, Md. 21204 JAN 4 1985 Suha Dandson-Randson

Dulaney Valley

23c. NAME OF CEMETERY OR CREMATORY

Timonium, Baltimore, Maryland



1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	00517
	CEASED NAME FIRST	MIDDLE	LASI	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1	Laila	Marie	LAMB	January 2 19	85 4 20PM
3. SE	FEMALE	WHITE	SEPT. 2, 1899	85 YR	MONTHS DAYS HOURS MIN.
51 7a. B	RTHPLACE (STATE OR FOREIGN)	Th. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore CO	NTY OF DEATH UNITY
57 /	POSSVI 1/E	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS) BUARE HOSP	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	
35 USU	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN BAIT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TY 13c. CITY OR TOW THORK BAITIME	THE	130.STREET ADDRESS / ZIP CO	
14. F.	ATHER'S NAME FIRST A A A A A A A A A A A A A	E. MURE	15. MOTHER'S MAIDEN NA	WIDDIE	BOHN
		MED FORCES? 166. SOCIAL SECU WAR OR DATES) 341-01-7		ADDRESS E F. Robinson	9 MAIDSTONE CT.
	18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), an	d (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIAT	E CAUSE (0) Cardio - Re	espiratory Arrest		
	Conditions, if ony, which	Ongesti	ence of ve Heart Failure		
	gave rise to immediate cause (a), stating the underlying cause last.	10,	ENCE OF Vascular Accident		
	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OR CONDITION	GIVEN IN PART 1(a
o N		V -	sion, Anemia		
S S CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO X	PYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
- /	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D.	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	(18 PART 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	21f. LOCATION	CITY OR TOWN	COUNTY STATE
St 12	220.1 certify that this haspit sow the deceased alive on above (we) (did) (deceased	January 2	January 2 , 1985	, to January 2 death occurred on the date and	hour and from the causes stated
ii	Hiomas)	transfore To	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	224 DAJE SIGNED 1/2/85
	774 PHYSICIAN'S NAME THOMAS LAM	SOCKET TO THE STATE OF THE STAT	9000 Frankl	in Square Dr.,	21237
230.	BURIAL, CREMATION, REMOVAL (SPECIFY)		NAME OF CEMETERY OF CREMATORY	23d LOCATION BAITIMORE	COUNTY MILE
83	TARTLEY MIL	LER 752711		TE REC'D. BY REGISTRAR 25 REGIS	GISTRAR'S SIGNITURE

Statutes 2 ROSSY, THE FREDERIN SQUENTE MOST HONE WITER My a survivas survivas of a mandature career exert Winder E. Miller State The Line Edither States States Market and the state of the sta BORDE THE GRONDS - SINTA SOLTHARE IN WHATEY MILLEY TEST HARMAN SI - WEB - BEEN SINGER PROPERTY

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and completely filled in by the

ove carbonpopers. Pages

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carbon papewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval

IMPORTANT: If Hem 21 is morked or Hem 18 shows ony

injury, ar other troumatic event, th

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

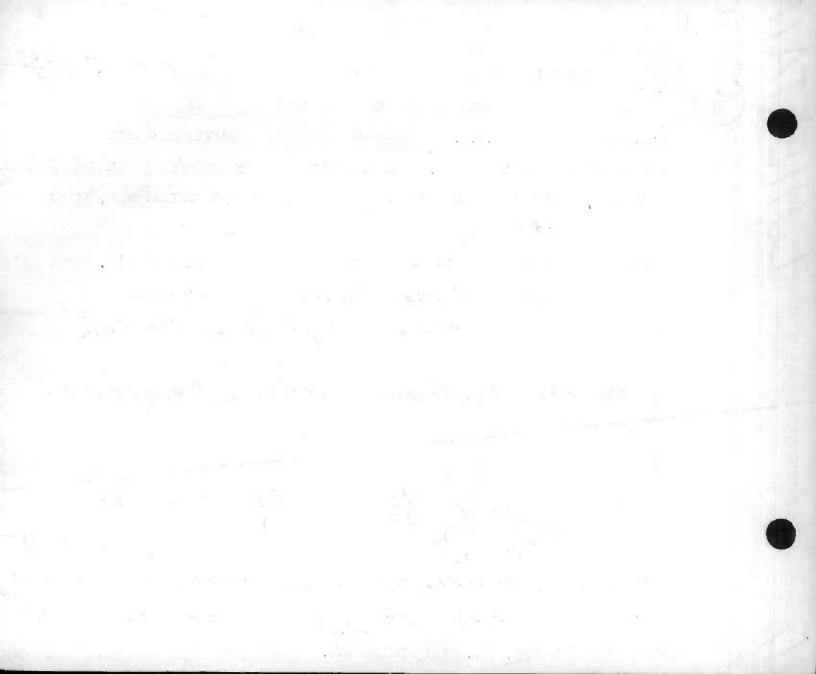
1	REGISTRAR			CERTIFI	CATE OF D	EATH		REG. NO.				
ı	1. DECEASED NAME FRST (TYPE OR PRINT)	All	DDŧĒ	LA	ST		2e. DATE OF D	EATH MONTH	DAY	YEAR	26 HOUR	OR
	ROSALI	N		I	ASCU			/-	10-	11	10	O M
١	3. SEX	4. RACE		DATE OF BIRTH			S LAST BIRTHDAY)	MONTHS	R 1 YEAR	_	4 HRS	
4	MALE	WHI'	re l	05	21	1897		87 YF		DATS	HOURSE	MIN.
2	7e. BIRTHPLACE (STATE OF FOREIGN	HAT COUNTRY?	8.		1700	9 BALTIMORE CITY OR COUNTY OF DEATH						
4	ROMANTA	U.S	Δ	WIDOWE	NEVER A	ORCED	BAT!	IMORE (COLINTY	7		MD.
1	10. CITY OR TOWN OF DEATH		OSPITAL, NURSING				12e USUAL OC				BUSINES	
	DANIDATI CITOLINI		FACILITY, GIVE STREET A		HOCDT	TAT		OR MOST OF WORKIN			EASTE LESS	
4	RANDALLSTOWN USUAL RESIDENCE (IF NURSING HOME OF		RE CO. GE		, nusri	IAL	STEETY	WORKER	131	TATM	٥٥نلي	OIL
	MARYLAND BALT		CATONSVII		13d. INSIDE CI YES []	NO 🔀	1401 G	DRESS / ZIP C LENWILD	ODE E ROAI), 2	1228	
1	14 FATHER'S NAME FIRST	MIDDLE	LAST			MAIDEN NAM		MIDDLE		LAST		
1			N			rikai		NOW	N	EASI		
1	160 WAS DECEASED EVER IN U.S. AR		66 SOCIAL SECUR	RITY NO.	17. INFORMA	NT		ADDRESS				
1	YES NO OR UNKNOWN) (IF YES GIV	E WAR OR DATES)	213-09-2	2382 GEORGE ANDRE			I 1401 GLENWILDE			RD. 21228		
1	18. CAUSE OF DEATH (Enter or	ly one couse per li	ne for (a) (b) and	1011							MATE INTERV	AL
	PART I. DEATH WAS CAUSE	D BY:	Acuta		rela	- auto	m 6	Done	7	The state of the s	AJE I AIAD D	
	IMMEDIA	re Cause (a)				CZ FO MI	1					
	Condition it list	Conditions, it any, which (b) A Consequence of Much any which							up?	-		
	gove rise to immediate	(b)	11-00			Carried States			1	200	7	
	couse (a), stating the UNETO, OR AS A CONSEQUENCE OF Underlying couse last.									17		
		(c)		F A 711 B 117	107.051.1750							
	PART 2 OTHER SIGNIFICANT	ONDITIONS COL	AIKIBUTING TOD	EATH BUTT	NOT RELATED	TO THE TERMI	INALIDISEASE (DR CONDITION	GIVEN IN	ARI IIo	11	
-		LIAN CONIGUE	ON FOR WHICH	DEPATION	PAC DEDEC	TARE	100	11-163//	YES, WERE	CINIDIN	4 ·	
1	19e DATE OF OPERATION	ION FOR WHICH (DPEKATION	WAS PERFO	KWED	20e AUTOP		RTIFYING			1?	
	12							10 🗍	YES [NO [
7	OR CONTRIBUTE CAUSE OF OF	INJURY . MONTH DA	Y YEAR	71c HOW IN	JURY OCCURR	ED (ENTER NATU	RE OF INJURY IN ITEA	A 18 PART I OR	PART 2)			
	LIF EITHER, NOTHY MEDICAL EXAMINER			19								
	IF EITHER, NOTHY MEDICAL EXAMINES 21d. INJURY OCCURRED	21e. PLACE O	F INJURY	RA ETC I	21f. LOCATIO	N		CITY OR TOWN	co	UNTY	STA	ATE
	AT WORK NOT WHILE AT WORK			1	-			1 10	0	-	-	
	22e.1 certify that (I) (this hospi	tol) ottended the	decresed from_		10	. 19 5	L. 10	70		3	hot (I) (we	e) lost
1	sow the deceased alive on above, (1) (we) (did) (did)	It view the body o	tier death 19	on.	d that in (my)	(our) opinion d	leoth occurred	an the date and	haur and f	om the c	auses state	ed
	77% SIGNATURE			C	EGREE				22	c DATE S	IGNED	0=
	9	Dun	1/			TTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN		1-1	0-	81
_	224 PHYSICIAN'S NAME (TYPE C	OR PRINT)	9		22e ADDRES		0					
	DAGANDO 1.	3 Con	ANYA)	MD.	Boto	GH	RANZ	ALLSTE	www.	ud	2/1	133
	23e. BURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	AME OF CE	METERY OR C	REMATORY	23d. LOCATI		COUN	TY	514	ATE
	BURIAL	01-14-	85 B	ALTIM	ORE NAT	CIONAL	BALT	IMORE C	ITY]	MARYI	AND

DHMH - 16 50M 4/83 (VRA 15, 4)

BP

OR ATTENDING

24 FUNERAL DIRECTOR 21229 ADDRESS 4107 WILKENS AVE 250. DATE REC'D. BY REGISTRANDS, REGISTRAN'S SIGNATURE



Ruck Towson Funeral Home, Inc. Towson, Md. 21204

FOR - STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

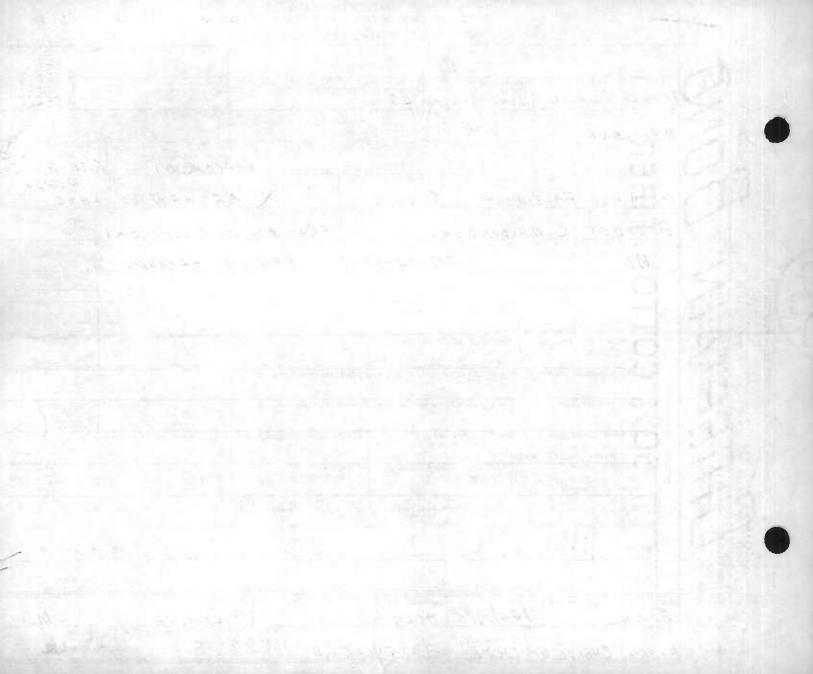
CERTIFICATE OF DEATH

a.

STATE

	THE ALLES OF STREET
to the constitution of the	
10.01.02	evilla de la companya
	Egon - Yer odor - copers
	The state of the s
Attack of the second	

(.					STATE OF MA		(2) N.	0	0 0	2 0
-19	1 - STATE		AA.	EDICAL EXA		ND MENTAL H	F DEATH	U	0 3	2 0
	REGIST 1. DECEASED	NAME EIRST	141	MIDDLE	IAIIIAEK 3 CE			REG. NO.	MONTH DAY	Y YEAR 26 HOUR
25 22 10 11	TYPE OR PRIN	ANTOIN	ETTE	m	LAU'	TEN	OF OF	ESTI-	1 20	19 85 M
NECESSARY, PLEASE PUNERAL DIRECTOR. 5 FOR YOU E. WITHIN HOUSE	B. SEX	4. RACE	5. DATE OF BIRT		E (IN YEARS IF UNDE	R 1 YR. IF UNDER		A I C	MONTH DAY	Y YEAR 2d HOUR
00	FEMAL	E WHITE	JUNE &	3 1936 4	P YRS.	DAYS HOURS	MIN. PRONC DE	AD AD	1 20	19 85 8:15 a M
S NECESSARY FUNERAL DI E, S FOR YOU D, WITHIN M. PRESTO	FOREIGN CO		76. CITIZEN OF	WHAT COUNTRY?	B. MARRIED	NEVER MARRI	ED 9. BALT	IMORE CITY OR	COUNTY OF	DEATH
E S P S N N N N N N N N N N N N N N N N N	MARY.	OWN OF DEATH	1) NAME OF HO	7 OSPITAL, NURSING	WIDOWED		Du	Itimore CUPATION (TYPE O		MD.
A PACE	Tows	on	527 Ha	eacility, give street at	ne	INSTITUTION	PHARM	VORKING LIEE)		OR INDUSTRY DRUG.
21201 FAND 3 TO RETAIN PHOULD BE RECORD	USUAL RESID	ENCE (IE IN NURSING HOME IN 136 COUN		13c. CITY OR TO	WN 13	d. INSIDE CITY LIMITS?	13e STREET ADD	11 0 0000		21204
F. MD. 2. AP. 3.	14 FATHER'S		IMPOKE	TOWS	JUN	. MOTHER'S MAIDE	NNAME		ON LI	TNE
EATH SES 1, A PM A PM A PM	BENL	EDICT C.	MALANOL	NSK I		FRANCES	S E. S	KOPIN	SKI	LAST
BALTIMORE, MD. S AFTER DEATH. II GIVE PAGES 1, 2, ITH FORM PM 3, PAGES 1 AND 2 S IVISION OF VITAL		EASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166 SOCIAL SE	CURITY NO. 17	INFORMANT		ADDRESS	2.	5 1 5 3 3
ST., BALTIMA OURS AFTER 118. GIVE PA 6. WIT. PAGES I MIT. PAGES I	N	2		217-34	1-8294	FAM	114 1	RECORD	S	
S O CONTIN	18 CA	SUSE OF DEATH (Enter on RT I DEATH WAS CAUSE	D BY: Oh			by arteri	iosclero	tic card	Q.E.	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
PRESTON ST VITHIN 24 HOU HCIL IN ITEM 11 NER ALONG SANSIT PERMI FALHYGENE, REMOVAL.		IMMEDIA	15 04000 (0)	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		by arter.	1.0501010	dise		alai
W. PREST WITHIN AINER A MINER		anditions, if any, which	(b)							
A ANNEZO	cc	use (a) stating the <u>under-</u> ng cause last.		R AS A CONSEQU	ENCE OF			MIRE		
EXECUTED NG" IN PROCESS OF A EXAMINATION, ON WATION, ON			(c)		***					
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXEC RITING THE WORD "FENDING" RDED TO THE CHIEF MEDICAL RE 3 SHOULD BE USED AS A BUS RE SHOULD BE USED AS A BUS RE SPRARMENT OF HEALTH AND OF PRIORATO BURIALL, CREMATI		OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	IH BUT NOT RELATED TO 1	HE TERMINAL DISEASE DR	CONDITION GIVEN IN PAR	RT 1 (a).			
PEN	19a. D.	ATE OF OPERATION	196. CONE	DITION FOR WHICH	OPERATION WAS	PERFORMED?			20.	AUTOPSY?
F VITAL RE E SHOULD WORD "PE E CHIEF N BE USED A BURIAL O	TIFIC									YES X NO
ATE WEN MEN THE		TERNAL CAUSE WAS	216. TIME O	OF INJURY .M. MONTH DAY	YEAR 21c. HOW	INJURY OCCURRED	D (ENTER NATURE OF	INJURY IN ITEM 18 PAR	RT 1 OR PART 2)	
ISION ING THE SHOUL PRIOR	CONT	RIBUTING CAUSE OF		.M. E OF INJURY (ATH	19 OME. 21f. LOCA	TION				
13494E	WHILE AT WO	DRK NOT WHILE	STREET EA	CTORY, FARM, ETC.)	STREI		CITY OR	TOWN	COUNTY	STATE
JER: THI CATE, W PORWA OR: PAC ND, 212		I certify that I took charg	ge of the remains d	escribed abave, hel	d an Autapsy	X Inspection	lnqui	ry , and	in my apinion	
EXAMNER: CERTIFICATE DIBLE FOR DIRECTOR: WITH THE SAARYLAND,	death	resulted fram Natu	rot couses X,	Accident .	Suicide .	Hamicide .	Undetermined	manner .		
A A WAY	ACTU		ANTA			TITLE (SPECIFY)			DATE =	00.05
MEDICAL CUTE THE SE 4 SHO FUNERAL TIMORE,	SIGNA	TURE	XV		M.D.	Assistant	MEDICAL EX	AMINER	SIGNED 1	-20-85
	(TYPE (M. Dixo	n, M.D.	AD	DRESS_111 F	Penn St.	, Balto.	, Md. :	21201
PAT PET	(SPECIEY)	REMATION, REMOVAL	PATE /	23c NAME	OF CEMETERY OR C	REMATORY	23d. LOCATION	1	COUNTY	STATE
07/84 BP		DIRECTOR	194/198	85 HOL	4 ROSAR	J ISS DATE D		MORE	DARK CACAL	m.D
DHMH - 17 (VR A15 ME (5))	EVANG	CHOPE X	E / Lun =	55 225	5 VKOY	On JAN	24 100	The Market	Wassen !	and 12
07/84 BP 25M DHMH - 17	BURI 24 FUNERAL	AL	124/198	85 HOL	FROSPR	y	CITY OR TOWN	MORE	COUNTY BAR'S SIGNA	m.D



	1 -	FOR STATE REGISTRAR		DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	O. () 3	4		
		EASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH		Y YEAR	2b. HOUR		
╮ İ	[TTPE	Levada		La	LeC	lair	January 29, 1985			253,		
11	3 SEX		4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS		
71		Female	Whi	te	Febru	uary 27, 1901	83	YRS.	NTHS DAYS	HOURS MIN.		
10		RTHPLACE (STATE OR FOREIGN DUNTRY)		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY C	F DEATH			
1		eorgia	U.S.		WIDOWE		Balto, C	0.		MD.		
11	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12R USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION	12b. KIND O INDUSTRY	F BUSINESS OR		
0	,	Catonsville /	Tawes	Nursing	Cente	r	Housewife		Own H	ome		
35	13a S	RESIDENCE (IF NURSING HOME OF TATE 131 COU	NTY	I GIVE RESIDENCE BEFOR 13c. CITY OR TOW Beltsvi	N	131. INSIDE CITY LIMITS?	134. STREFT ADDRESS 5002 Lexi:	neton S	treat	20705		
20	14 FA	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM		ing con t	LAS	ī		
20		11iam /AS DECEASED EVER IN U.S. AF	PARD FORCES?	Smith 166 SOCIAL SECU	IRITY NO	I da.	ADDR	ESS 2722	Luk	rood Plac		
2	No	ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	579-09-0		Mrs. Ida L.			10.0			
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly one cause pe						BETWEEN C	MATE INTERVAL ONSET AND DEATH		
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Caroliores nivatory Arrest										
		DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if any, which gove rise to immediate (b) A Special Conditions (b)										
		cause (a), stating the underlying cause lost	DUE TO, C	RAS A CONSEQU	ENCE OF	35 - Fastr	stowy to	ela				
Table 1	NO	PART 2 OTHER SIGNIFICANT	zed 2	A -	DEATH BUT	POT RELATED TO THE TERM	Total		Pun PART 110	3		
Z	CERTIFICATION	19a DATE OF OPERATION	1% CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO		WERE FINDIN NG CAUSES			
	CER	210. ACCIDENT WAS UNDERLYING			AY YEAR	21c. HOW INJURY OCCUR	RED JENTER NATURE OF INJU	RY IN ITEM 18, PAR	T (OR PART 2)			
1	CAL	OR CONTRIBUTING CAUSE OF DE	P	м.	19							
	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE		
		22a.8 certify that (I) (this hasp				2-17-19 83		9- 19	25	that (1) we) lost		
		saw the deceased dive of abave, 11) we), did), did no		after death.	85.00	nd that in My aur) opinion	death occurred an the d	ate and haur o	and from the	couses stated		
		276 SIGNATURE		Grief Geoffi.		DEGREE			22c. DATE	SIGNED		
		lun l	leto	uen	M.	D . ATTENDING	MEDICAL STA	FF CIAN []	1-	29-85		
7		PESAR V.	CAVE	5RO		Spring 6	rove tho	spito	e cer	ter		
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23ς. Ι	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		DUNTY 1	A STATE		
	(:	Burial	Feb.1	,1985 F	ort Li	ncoln Cemeter	y Brentwoo	d P	G.	aryland		
м	24. FL	INERAL DIRECTOR		ADDRESS		N 250-0AT	SRECOD. BY BURNER	256. REGISTRA	R'S SIGNATI	URE		
7B	F.	Casch's Sons I	F.H. P.A	. Hyatts	ville,	aryland						

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 5	0 0 5 2 2
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	H DAY YEAR 26 HOUR
y be		Jin		EE	January 25,	1985 4:52 P _M
4 ege 4 mg	3. SE	ALS	KORSAN ()	S. DATE OF BIRTH AND THE DAY YEAR AUC - 28, 1898		MONIHS DAYS HOURS MIN.
ooth. Po	100	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	- Daltimovo Co	
s offer d	KO.	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	GHOME OR OTHER INSTITUTION ADDRESS) UARE HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	126 KIND OF BUSINESS OR INDUSTRY
# Had on	USU.	STATE 136 COUL	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 136. CITY OR TOW		5? 130.STREET ADDRESS / ZIP	CODE 21236
and the state of t	IA, F	ATHER'S NAME FIRST	MIDDIE LAST	15. MOTHER'S MAIDEN		CHANG
Pog execut		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIT	RMED FORCES? 16b. SOCIAL SECU VE WAR OR DATES)		4 RECORDS	
physica physica proportion		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
hot the deoth ce by the ottending ose remove corb il, cremotion, or ri other troumotic.		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) Pneumot DUE TO, OR AS A CONSEQUE (c) adenocarc	Severe under	lying disease: u ccal pneumonia,	ndifferentiated and mycobacterium
equires 1 n signed Then ple to burio	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO		TERMINAL DISEASE OR CONDITIO	
he low re on. hos been t permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED .	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{ NO } \)
ICIAN: T 9 physici ertificote iol-fronsi ntol Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH DA	AY YEAR	CURRED (ENTER NATURE OF INJURY IN ITI	EM 18 PART OR PART 2)
G PHYS	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
TTENDIN pital or TTOR. Aft for use o of Health		220.1 certify that N (this hasp saw the deceased alive or	ital) attended the deceased from_19_19_	18 19 19 19 19 19 19 19 19 19 19 19 19 19	nion death occurred on the date on	d hour and from the couses stated
AL OR A the hos AL DIREC detoched ate Dept. IT: If Hem		22b. 5/5/1/4107	Mars	DEGREE ATTENDIN PHYSICIA		1/25/85
O HOSPITAL TO FUNERAL Should be detained the Store AMPORTANT:		Alberto A	Borges, MD	9000 Fran	klin Square Dr.,	21237
	23a	BURIAL, CREMATION, REMOVAL	23b DATE 23c N	NAME OF CEMETERY OR CREMATO	DRY 23d LOCATION	COUNTY
BP DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR	DAO ARTISS PO	1800 N J7	TAIBSEO 1000 STIDMENT	EDISTRICES SIGN TORE
(VRA 15, 4)	5	VANS CHAPEL	OF I ISMORISS I	JARFURO RUAD		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complainty. Filed in this funeral should be detached for use as the burial-transit permit. Then please remove carbon paper. They are all and become attended in the contract of the	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death etained by the hospital or attending physician.
The same of the sa	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competity filled in by should be detached for use as the burial-transit permit. Then please remove corbangopen. Page 1 and 1 be a base of the burial transit permit. Then please remove corbangopen. Page 1 and 1 be a base of the burial transit permit. Then please remove corbangopen. Page 1 and 1 be a base of the burial transit permit.

injury, ar ather traumatic event,

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IMPORTANT: If hem 21 is marked or hem

MEDICAL

rage 3

FOR

STATE

REGISTRAR

YES, NO OR UNKNOWN

(IF YES, GIVE WAR OR DATES)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

TYPE OR PRINT)	MARY	MIDDLE		LEE		20. DATE OF 1/2	21/85	DAY	YEAR	7:5	
Female		RACE	5. DATE C	5. DATE OF BIRTH 6879/1899 YEAR			EARS LAST BIRTHDAY)	# UND	IF UNDER I YEAR IF		24 HR
		Black	87				YR	MONTHS S.	DAYS	HOURS	11 AA
BIRTHPLACE (STATE OF FOREIGN		CITIZEN OF WHAT COUN	TRY? 8	NEVER /	AAPPIED [9. BALTIMO	RE CITY OR COU	NTY OF DE	ATH		
Va.		U.S.A.	WIDOWE		VORCED [Cour	nty				٨
andallstown		11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Co. General					120. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Janitorial Sup. Janito				
SUAL RESIDENCE IN NU 10. STATE Md.	IRSING HOME OR OT			13d. INSIDE C	ITY LIMITS?		NDDRESS / ZIP CO Wesley		. 2	2120	7
FATHER'S NAME FIRST Peter		Thomas 15. MOTHER			s. MOTHER'S MAIDEN NAME FIRST MID! Sarah		MIDDLE	Thomas (AST			
WAS DECEASED EVE	R IN U.S. ARMI	D FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMA	NT		ADDRESS				

no or unknown)	(IF YES, GIVE WAR OR DATES)	220	14	2781	Dorothy	Lee	5102	Wesley	Avenue
18 CAUSE OF DEA	WAS CAUSED BY IMMEDIATE CAUSE (o)	line for (a),		ASCV	D				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
couse (a), sta	my, which (b)	R AS A CON							
	Coolus (10	ev_		_	OT RELATED TO THE TE	RMIN AL DI	SEASE OR CO	ONDITION GIVEN	IN PART 11a
19a DATE OF OPER	RATION 196 COND	ITION FOR V	VHICH	OPERATION V	WAS PERFORMED	20a YES	AUTOPSY?		ERE FINDINGS USED IG CAUSES OF DEATH?
210. ACCIDENT WAS I		F INJURY	u 04	V VEAD 2	L HOW INJURY OCCI	JRRED (EN	ITER NATURE OF IN	JURY IN ITEM 18 PART I	OR PART 2)

19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATI	ON WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT		
			YES NO	YES [NO 🗌	
21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 19		D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART (OR PART 2)		
214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.]	211 LOCATION STREET	CITY OR TOV	NN COUNTY	STATE	

220.1 certify that (1) this haspital attended the deceased from sow the deceased alive on 12-18-19 83 that (I) (we) last and that in (mv) four opinion death occurred on the date and hour and from the causes state

obove, (I) (we) (did) (did not) view the body ofter death.	, one man in (my) cost opinion deam decorred on mi	t dote ond noor and from the cooses state
22b. SIGNATURE	DEGREE	22c. DATE SIGNED
Jolben Chicus	ATTENDING MEDICAL S	1-21-8

22d. PHYSICIAN S WAME PE OR PRINT) 22e. ADDRESS

1 Jettley	CHINCAS.	M.J. 12426 6 121	enspring 17/6	DUINGS MI	115
230 BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
Burial	1/25/85	King Mom	Randalls		JIAIL

24 FUNERAL DIRECTOR Morton & Sons 1701 Laurens St.

BY REGISTRAN 258 REGISTRAN'S SIGNATURE 3 1985 25. DATE RECO.

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP.



death. Page 4 may be

Poges

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MPORTANT: If hem 21 is marked should be detached far use with the State Dept. of Heal TO FUNERAL DIRECTOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	FOR STATE REGISTRAR	DEPAR	RTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	REG. NO	
	CEASED NAME FIRST Laura	Belle 1	LEVERION	January 15	
3. SE	F	RACE W	5. DATE OF BIRTH MONTH JAY 2 2	62	MONTHS DAYS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN TO	CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	-	R COUNTY OF DEATH COUNTY MD.
10. C	TY OR TOWN OF DEATH 11	NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION		ON 12b. KIND OF BUSINESS OR
13a. S	AL RESIDENCE (IF NURSING HOME OR OTI STATE 136 COUNTY MD. BA		YES NO LE	2508 H	ZIP CODE 2 1221 OLLY BEACH RO
14. F/	ATHER'S NAME FIRST B B E L 1	PowEL	15. MOTHER'S MAIDE FIRST	L RALL	NES LAST
	WAS DECEASED EVER IN U.S. ARME			ADDRE	2028
	No	Un	K REGINAL	O ROBINSON	WILLIAM APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEC	Wer Lobe Pneumoni	tion	
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
MEDICAL CER	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 71d. IN JURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY	DAY YEAR 19 211 LOCATION	CCURRED (ENTER NATURE OF INJUI	
×	WHILE NOT WHILE AT WORK	AT HOME STREET, FACTORY, OFFIC		CITY OR TO	
	22a. I certify that the (this hospital saw the deceased alive on a obave, the (we) (did) (this right)	January 1519	Manuary 1 19— 19— 19— 19— 19— 19— 19— 19— 19— 1	95 , to January pinion death occurred on the de	15, 185, that (b) (we) last X at a document of the couses stated
	77h SIGNATURE	20	DE GREE ATTEND PHYSIC		FF 1-15-85
	Jagiello, I	MD	9000 Fra	nklin Sq. Dr.,	21237
230	BURIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF CEMETERY OR CREMA		

DHMH - 16 50M 4/83

etained by the hospital or attending

BP.

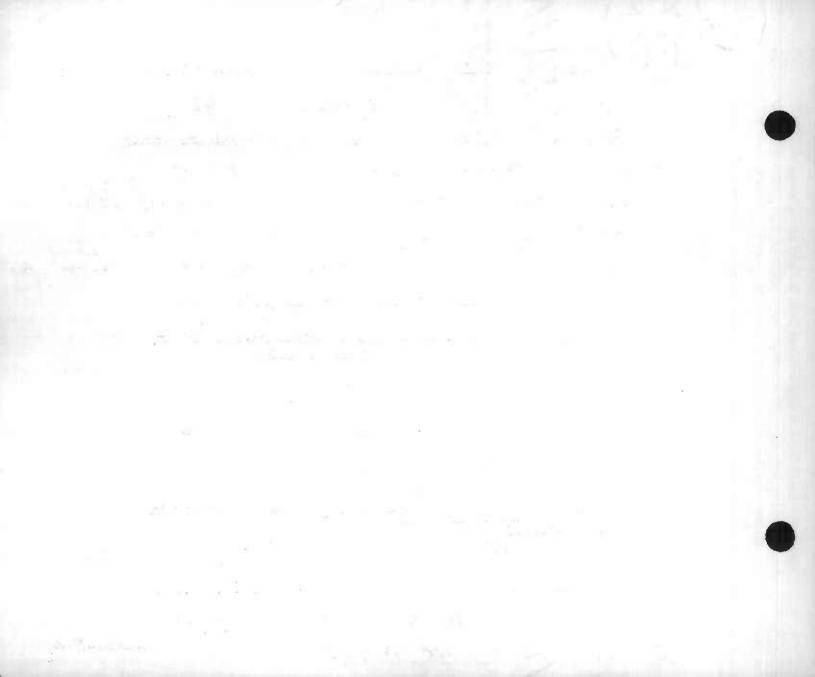
24 FUNERAL DIRECTOR CONNECL (VRA 15, 4)

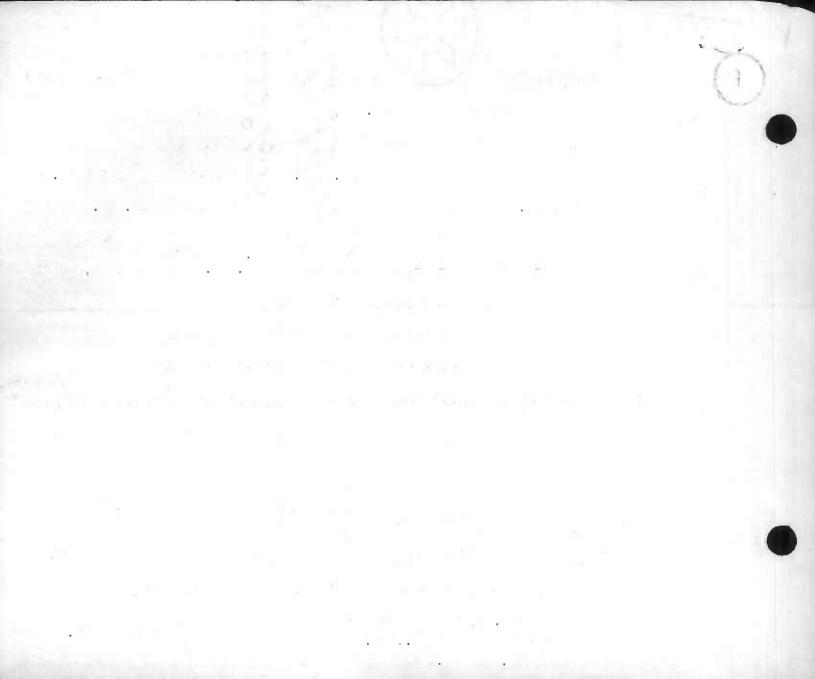
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AATORY 23d LOCATION
CITYOR TOWN

COUNTY

PSO DATE REC'D. BY REGISTRAR 25b. REGISTBAR'S SIGNATURE JAN 1-6 1985





DEPARTMENT OF HEALTH AND MENTAL HYGIENE

TOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG, NO.									0	4 0			
		CEASED NAME Larist	L.	MIDDLE		^Logue	_	20. DATE OF DE		DAY	YEAR	26 HOUR	
	(TYPE	ORPRINT;		1	1	0611	H		i	19	85		T M
Н	3 SEX	~ / / /	4 RACE		5 DATE (OF BIRTH	<u></u>	& AGE (IN YEAR	LAST BIRTHDAY)	IF UNDI	RIYEAR	IF UNDER 2	
1		MALE	VVI	hitE	2	18	08	76		RS MONTHS	DATS	HOURS	MIN.
à	7a BH	ETHPLACE E OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	MARRIE	DE NEVER N	ARRIED -	9 BALTIMORE	CITY OR COU	NTY OF DE	ATH		
1	5	Altio MD	U	5	WIDOW		ORCED	Co	YTHU				MD.
0	10 CI	TY OF TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INST	TUTION	120 USUAL OC			KIND OF	BUSINES	S OR
Ď	不	Altin. CO	5	1-205	. 11			Vice-Pr			Bank		
Ġ,	USUA Ula S	AL RESIDENCE IN RSING HOME OR		GIVE RESIDENCE BEFOR		\$ 13d. INSIDE CI	CZTIAALI VT	13e STREET ADI	SPESS / 7IP C	ODE		110	11.
1	3		d	Tisk Cill Ok 10 v		YES [NO 🗌	100	REG		FET	X	VE
Ú	IA FA	THER'S NAME				15 MOTHER'S	MAIDEN NA						
Ū		Felix	MIDDLE	Logue		Car	rie	~	AIDDLE	Scha	aeffe	er	
Ē		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECT	JRITY NO.	17 INFORMA	VĪ		ADDRESS	===			
Н	100	YES NO OR UNKNOWN) (IF YES GIV	E WAR OR DATES)	218-01	-5536	Mrs. A	nna C.	Logue 1	00 Rege	ester	Ave.	2121	2
H		18 CAUSE OF DEATH (Enter on	ly one couse per	line far (a) (b) ar	ndico							NATE INTERV	
9		PART I DEATH WAS CAUSE	D BY:	(I) Cul	بندهم	lund	1200	Del-	necza	المند		100	
Н		IMMEDIA		R AS A CONSEOU	ENICE OF								
		Conditions, if ony, which	(1b)	R AS A CONSECU	ENCEOF								
Н		gove rise to immediate cause (a), stating the		R AS A CONSEOU	ENCE OF					110			
Н		underlying cause last.	(6)	K AS A CONSECU	EIVEE OF								
ħ		PART 2. OTHER SIGNIFICANT	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE O	RCONDITION	GIVEN IN	PART Ita		
	O.												
	CERTIFICATION	19E DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPS		FYES, WER			
7	E IF								0	YES [CAUSES	NO [1:
5	1.670	21a. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH D	AY YEAR	21c. HOW IN.	URY OCCUR	RED (ENTER NATUR	OF INJURY IN ITEM	A 18 PART I OF	PART 2)		
1	E	OR CONTRIBUTING CAUSE OF DEA	(17)	M.	19								
	MEDICAL	214 INJURY OCCURRED		OF INJURY	FARM FIC)	21f LOCATIO	N	C	ITY OR TOWN	cc	UNIY	STA	ATE
	2	ORR NOT WHILE		and the second second		2	-		1/10				
		22a I certify that M (this haspi	tal) attended th	e deceased fram_		۵	, 19 8), ta	1111	19		hat (1) we	e) last
		saw the deceased alive an abave, (I) (we) (did) (did no	t) view the bady	after death.	0 7,0	nd that in (my)	aur) apinian (death accurred a	n the date and	have and f	ram the c	auses stat	ed
		72h SIGNATURE				DEGREE				22	C. DATE S	IGNED	
		43.K. 9	Jeli	J1. ~	9	F	TTENDING HYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		1/2	2/8	5
		THE PHYSICIAN'S NAME (THE	June	1. 1		22e ADDRES		1 3	1				
		R. K. 7	e y Ka	110	11	16	00	Slev	- 0	r.	2	120	14
		BURIAL, CREMATION, REMOVAL				EMETERY OR C		23d LOCATIO	NC	COUN	ITY	STA	ATE
		Burial	Jan.	23,1985 N				Balti		City	Mar	yland	d
	74. Ft	JNERAL DIRECTOR		6"	500 Yo	rk Rd.	25a. DAT	E REC'D. BY REG	ISTRAR 25b. RE	GISTRAR'S	SIGNATU	JRE	

DHMH - 16 60M 7/84 (VRA 15, 4)

Mitchell-Wiedefeld Home

Jan. 23,1985 New Cathedral Cem.

6500 York Rd.

Balt. Md.21212

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE JAN 24 1985 Alia Buildon Ronda

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FOR - STATE

REGISTRAR

FOWLER AVE. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) COUNTY and that in (my) (and apinion death accurred on the date and hour and from the causes stated 224 DATE SIGNED 821-7740 1. 85 MORELAND MEM. DHMH - 16 50M 4/83 JOHNSON8521 LOCH RAVEN BLVD. (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

7b. HOUR

176 KIND OF BUSINESS OR HOME

LAST

LO: 30AM

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	And the second second		

DHMH - 16 50M (VRA 15, 4

7	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	IYGIENE 8	REG. NO	0	0 5	2 8	
		CEASED NAME FIRST		MIDDLE	l l	AST	20. DATE	OF DEATH	MONTH DA	AY YEAR	2b. HOUR	
		Cla	ıra M.	Lo	mbardi		Janu	ary 6,	1985		4:05p »	
	3. SE)		4. RACE	ACE 5. DATE OF			6. AGE (1	N YEARS LAST BIRT		ONIHS DAYS	IF UNDER 24 HRS	
		Female	Wh	ite	Mar	ch 8, 1901		83	YRS	S. T. S.	NINC.	
(a)	Italy U.			WHAT COUNTRY	MARRIEI WIDOWE	D NEVER MARRIED	Ro	Baltimore County Baltimore County				
100				HOSPITAL, NURSI THEACILITY, GIVE STREE klin Squ	HOSPITAL, NURSING HOME OR OTHER INSTITUTION HEACHTY, GIVE STREET ADDRESS! Klin Square Hospital			126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOMEMAKET 126. KIND OF BUSINESS INDUSTRY				
musshp	13a. S	Manuelland		136. CITY OR TOV	MN	13d INSIDE CITY LIMITS		13e STREET ADDRESS / ZIP CODE 8203 Sagramore Rd. 21237				
OK OKONO	14 FATHER'S NAME FIRST MIDDLE LAS			Minot		15 MOTHER'S MAIDEN NAME FIRST Not Known LAST						
medica		VAS DECEASED EVER IN U.S. (ES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	217-09-		Armand Lo	mbardi	ADDRE 8203		nore Rd	. 21237	
ent, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause per SED BY:	-	nd (c v.)	Δ	modiui	0207	Dug! an		MATE INTERVAL ONSET AND DEATH	
njury, or ather traum	NO	Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	(b)_1 DUE TO, O	R AS A CONSEQUE	JENCE OF	NOT RELATED TO THE TE				N IN PART 110	3.	
nows ony in	CERTIFICATION	190 DATE OF OPERATION		UNS		N WAS PERFORMED	20a AU	TOPSY?		WERE FINDIN		
them 18 s	MEDICAL CE	2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI	DEATH HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCC	URRED (ENTER	NATURE OF INJUR	Y IN ITEM 18 PAR	RI I OR PART 2)	, Maria	
rked or	MED	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	21f. LOCATION STREET		CITY OR TOV	VN	COUNTY	STATE	
n 21 is mo		22a.1 certify that (1) (this ha saw the deceased alive abave, (1) (we) (did) (did				d that in (my) (aur) apini	an death accui	red an the da			that (I) (we) lost causes stated	
MPORTANT: If frem		22d. PHYSICIAN'S NAME THE	Schwar	2018			MEDICA DIRECTO	L STAF DR PHYSIC	F IAN 🗌	224. DATE	SIGNED 185	
MPORTA		Michael S	Schwartz,			606 Hamm						
	t:	URIAL, CREMATION, REMOVE Burial	Jan 9			emetery or cremator iew Memorial	S	Kesvi.		COUNTY Ma:		
4/83		neral director eonard J. Ruc	k, Inc.	Baltimor	e, Mai		JAN 9	registrar 2	ShareGISTR	ar's signau	andell	

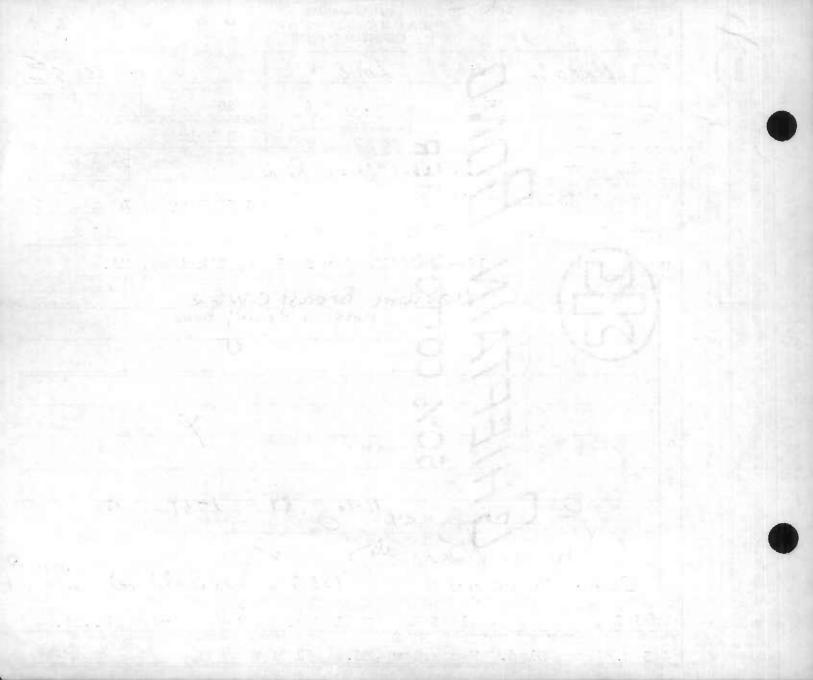
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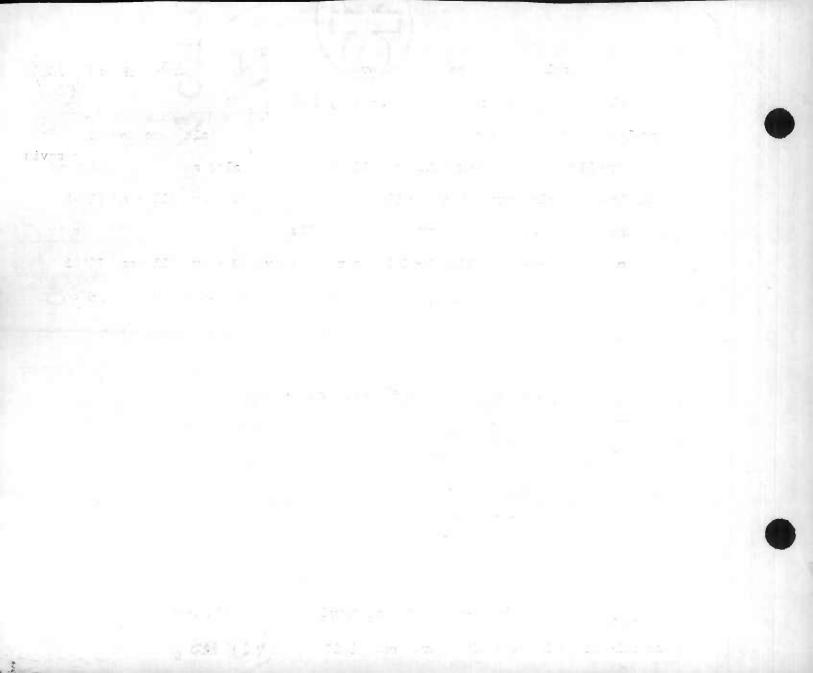
<	1 -	FOR STATE REGISTRAR		TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE S S REG. NO.	0529
deoth		CEASED NAME FIRST OR PRINT) URSUI	Marie Marie	Long	20 DATE OF DEATH MONTH	THE SS S AM
s ofte		female	white	5. DATE OF BIRTH Apr. 8, 1924	6. AGE [IN YEARS LAST BIRTHDAY]	IF UNDER 1 YEAR IF UNDER 24 HRS
16	P	ennsylvania	76 CITIZEN OF WHAT COUNTR	MARRIED WEVER MARRIED ! WIDOWED X DIVORCED [Baltimore	MD.
100	R	TY OR TOWN OF DEATH andalstown	MECIOIAN N	URS. Center KA	120 USUAL OCCUPATION (14PE OF WORK FOR MOST OF WORKING	Precision Instruments
130	13a S M	AL RESIDENCE IF NURSING HOME OF TATE Aryland Bal THER'S NAME	or other institution give residence ber UNITY L'ETMORE EIKRIC		5850 Diggers	Lane 21227
all	R	aymond		aumann Franc	ces	Adams
S. Pages		VAS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) (IF YES O			lese, Elkridge,	
y the attending priyas, se remove carbanpape cremotion, ar remaval ther traumatic event, t		PART I. DEATH WAS CAUS	TE CAUSE (a)	Static Breast	CANCER Frain's Bone	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
prior to burial, ony injury, or o	CERTIFICATION			O DEATH BUT NOT RELATED TO THE TE	20a AUTOPSY? 20b. IF Y	EIVEN IN PART TO (ES, WERE FINDINGS USED THEY NO CAUSES OF DEATH?
trial-transit per tental Hygiene tem 18 shows	MEDICAL CERTIFI	218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MONTH ER) P.M.	DAY YEAR	_ ~/	YES NO
for use as the book of Health and M	MED	saw the deceased alive a	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC pitol) ottended the deceosed from n out view the bod offic death.		city or town to death occurred on the date and ha	. 19
should be detached with the Stote Dept		22d PHYSICHARD'S NAME (TYPE	elés Acu	DEGREE ATTENDING PHYSICIAN 720 ADDRESS (OZ (9	MEDICAL STAFF DULFIELD	Pel, Mills 21
5 % ¥ M	b	urial, cremation, remova specify urial	Jan.17,1985	Rose Hill Cem.	Hagerstown,	
16 60M 7/B4 A 15, 4)		NAME	ICH FUNERAL H Blvd., Hagers	stown, Md. 21740	DATE REC'D. BY REGISTRAR 25b. REGIS	SIRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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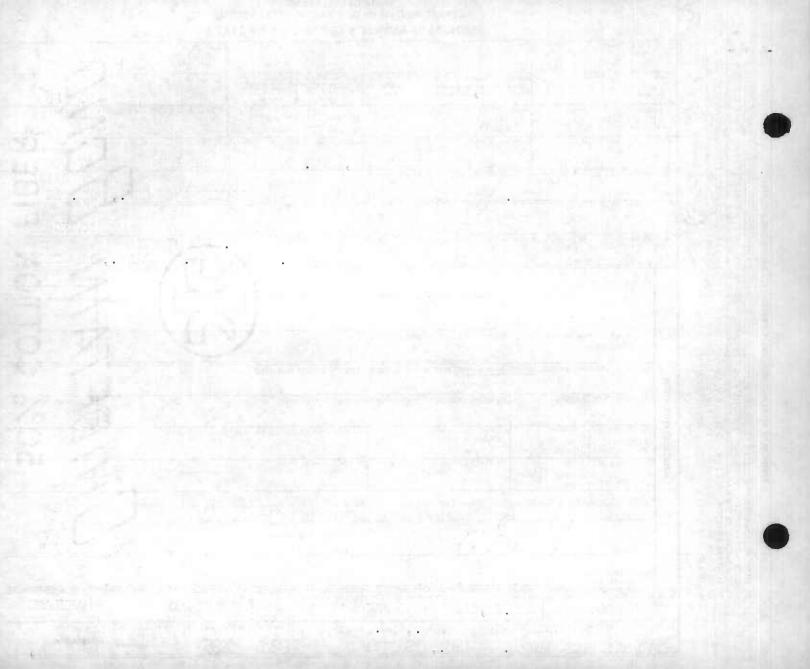
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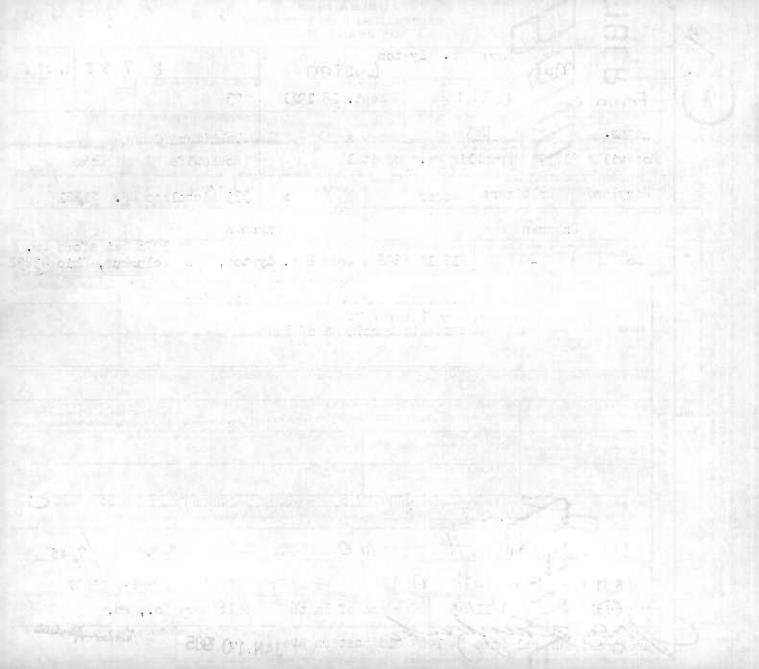
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12	-	FOR			DEPART			AARYLANI I AND MEI		GIENS 5	0	0	27	3 9	
10	1-	STATE REGISTRAR		N				CERTIFIC			REG. NO.		~	(Ing	
		CEASED NAM	FIRST		MIDDLE			LAST		20 DATE KN	IOWN []	MONTH D	DAY YEA	R 25 HOUR	
ASE. ES. P.			Min					uría		DEATH M			29 19 8	-	
SARK—PLEASE AL DIRECTOR. OUR FILES. 72 HOURS FION STREET,	1	MALE	WHITE	JULY 4,	1912		ARS IF UIT AY) MONT		HOURS	4 HRS. 2c. DATE PRONOUNCE DEAD			29 19 8	3 PM	
		RYLAND	TATE OR	76. CITIZEN OF USA	WHAT COUN	ITRY?		IED NEVE	ER MARRIE		imore			MD	
	,	ty or town Randa 1	lstown	(IF NOT IN SUC					TION (TYPE OF	FWORK 126		STRY			
	USUAL RESIDENCE (IF IN NURSING HOME 130. STATE MARYLAND			13c. CI		ITY OR TOWN NDALLSTOWN				3e STREET ADDRESS 15 CINNAM			#21133 APT. 1C		
2/2/2/	.14. F/	ATHER'S NAM		MIDDLE	MIDDLE LAST			15. MOTHER'S MAIDEN NAME FIRST MIDDLE					LAST		
	16	LOU		DIASD FORSES	GROLLM		VAIC	17 INFORCE	REGIN				MARKS		
/		ES, NO, OR UNKNO	D EVER IN U.S. A	RMED FORCES?	166. SOC	CIAL SECURIT	Y NO.	17. INFORMANT MR. IRA HYMM				770	. m	1001	
/		NO SAUSE C	E DEATH (E.	1				1 343 N	V. CHA	ARLES ST.	BAL	то.,		1201	
ì		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterioscleratic cardiovascular disease										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
PERMIT. GIENE, D		7.7	IMMED1.		OR AS A CON			cardio	vascu.	iar diseas	e				
(CAL EXAMINER ALONG A BURIAL - TRANSIT PERA H AND MENTAL HYGIEN MATION, OR REMOVAL.		Conditio	ns, if ony, whic		OK AS A COI	1320021402	Or								
OR R			se to immediat		OR AS A CON	ISEQUENCE.	0.5				7	- 11	1111	1000	
Z Z		lying cau		1 502.10	OK AS A COP	ASEQUENCE	OF								
WATIC	1	PART 2 OTHER 5	GNIFICANT CONDITION	S CONTRIBUTING TO DE	ATN BUT NOT RELA	TEO TO THE TERM	IINAL OISEAS	E OR CONDITION (GIVEN IN PART	1 (a).					
S. T	TION	19a, DATE OF	OPERATION	Tiph CON	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?							1,	20. ALITOR		
IRIA!	IFIC	(1)											20 AUTOPSY? YES □ NO ▼		
3	MEDICAL CERTIFICATION	UNDERLYING	AL CAUSE WAS	HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. H	OW INJURY C	OCCURRED	LENTER NATURE OF INJURY	IN ITEM 18 PAR	T I OR PART 2)	TES L	I NO XI	
100	MEDI	21d INJURY C WHILE AT WORK			E OF INJURY FACTORY, FARM, E			CATION		CITY OR TOWN		COUNTY	,	STATE	
BATTMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR		220. I certi death result ACTUAL SIGNATURE		ural causes X.	Accident		Autop	, Hamicid	de .	Undetermined mann	er ,	DATE	1/30/	85	
T WOR	/	EXAMINER'S (TYPE OR PRI	NAME An	n M. Dixo	on, M.C			ADDRESS	111 1		Balto				
4 %	236 BURIAL, CREMATION, REMOVAL 236, DATE 236, NAME OF CEMETERY OR CREMATORY 236 LOCATION										COUNTY	MARYI	AND		
17		NAME	TOR SOL	LEVINSON	BROS	S., INC.		25		1	256 REGISTI				
(5))	60	10 REI	STERSTOW	N RD. B.	ALTO.,	MD 21:	215	F	EB 6	1985	المعالمة	bor-R	MARINE		

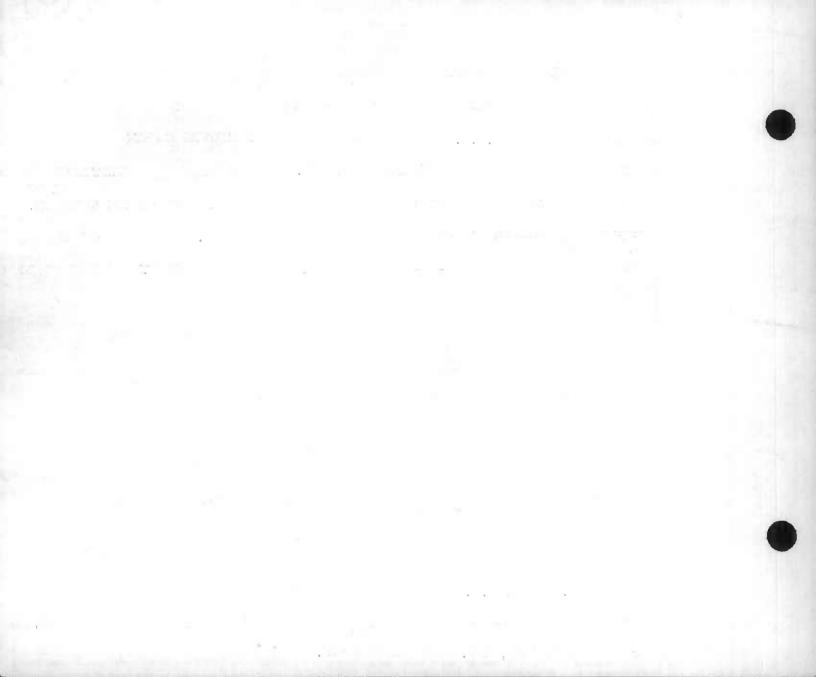


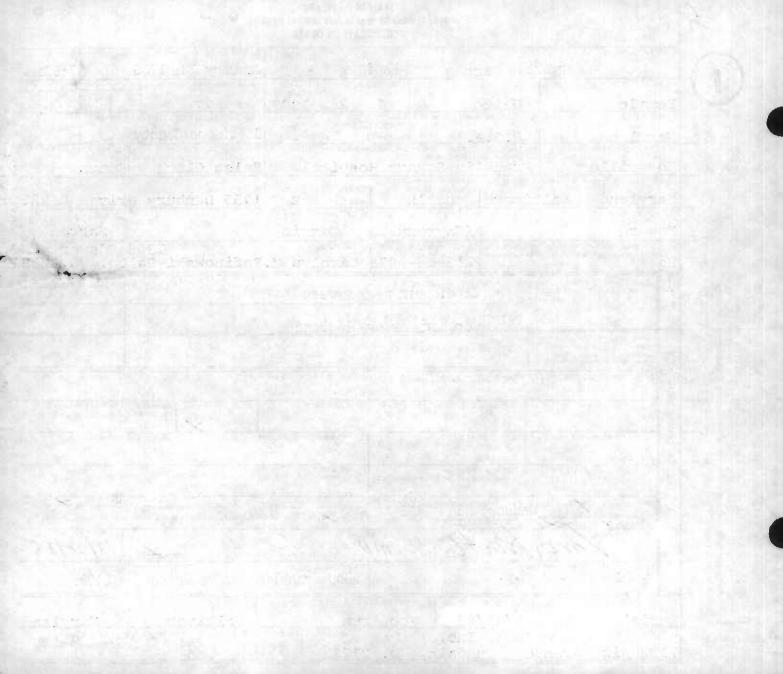


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BP______ DHMH - 16 50M 4/83 (VRA 15, 4)

	1	FOR STATE REGISTRAR			DEPA	RTMENT OF H	E OF MARYLAN EALTH AND M ICATE OF DE	ENTAL HYGI		G. NO.	0 5	5 /	
		CEASED NAME	FIRST	A	MIDDLE	ı	AST		20. DATE OF DEA		DAY YEAR	26 HOUR	
	(TYPE	OR PRINT)	JOHN		F.	MAIE	VSHEIN,	SR.	JANUA	RY 18	, 1985	1:30Am	
	3. SEX			4 RACE		5. DATE C		YEAR	6. AGE (IN YEARS L	AST BIRTHDAY	MONTHS DAYS	IF UNDER 24 HRS	
,		IALE		WHITE		MARC		911	73	YRS			
5	C	RTHPLACE (STATE OF COUNTRY) ENNSYLVA		U.S.A		MARRIE	DEVER MA	ARRIED -	BALT:		COUNTY	MD.	
1		TY OR TOWN OF DE 21234	distr.	2810	MUNS I	REET ADDRESS)	OR OTHER INSTIT AD	UTION	LIFE) INDUSTRY	USTRIAL			
1	130. S MA	AL RESIDENCE (IF NO STATE) RYLAND	136 COUN	OTHER INSTITUTION. ITY IMORE	13c CITY OR T	OWN L234		NO 💢		ESS / ZIP CO WUNSTE			
2		THER'S NAME GEORGE	€		AIENSH			ARIE	MID		K.	REUTZER	
1	(1	VAS DECEASED EVE YES NO OR UNKNOWN) IO		MED FORCES? E WAR OR DATES)	166 SOCIALS		17. INFORMAN		MAIENS	DDRESS	DAT MO	ILCO LOUM	
CATION	CERTIFICATION										GIVEN IN PART I YES, WERE FIND ITIFYING CAUSE	INGS USED	
7	RTIF	455 1951 17 14 15 1		216. TIME OF INJURY			In HOW BU	IDV OCCUPE	YES NO	~	YES NO 18 PART I OR PART 2)		
7	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (# ETIMER, MOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21r. (A)			N. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 PLACE OF INJURY THOME, STREET, FACTORY, OFFICE, FARM, ETC.)			N	COUNTY	STATE			
		220.1 certify that (I) (the hospital) attended the deceased from									naur and from the	8-85	
	- 1	BURIAL, CREMATION SPECHY) BURIAL	, REMOVAL	JAN.2]			EMETERY OR CE	EY MEI	23d LOCATION CITY OR TO	BALTO	COUNTY	MD STATE	
		UNERAL DIRECTOR			ADDRE			250 DATE	N 1 8 198	TRAR 255 REG	Day don	jandell	
	I W	ILLIAM E	TOT.	INSON8	27 TO	CH RAV	EN BLV	DL JA	114 1 0 120	VII			

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THE PARTY OF THE PARTY OF THE SECOND STREET, SECOND

STATE OF MARYLAND DED ADTMENT OF HEALTH AND MENTAL HYGIES

١	1 - STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	3-44							
1	1. DECEASED NAME FIRST (TYPE OR PRINT) He le N	L. Ma	irkl	and	2a. DATE OF DEATH A	19	- 85	26. HOUR 9/5 M					
1	Female	RACE	S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTH		IF UNDER 1 YEAR	HOURS MIN.					
	7a. BIRTHPLACE (STATE OR FOREIGN 7b. COUNTRY) Maryland	CITIZEN OF WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED D	9 BALTIMORE CITY OR COUNTY OF DEATH								
1	Towson	NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)	M O	DROTHER INSTITUTION	Its USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Supervisor		E) INDUSTRY	ephone					
-4	USUAL RESIDENCE (IF NURSING HOME OR OTH 13a STATE 13b COUNTY Maryland Baltin	13c. CITY OR TOW	N	YES NO 🔀	2300 Dular			≀d. 212 0					
0	Edward	McDern		Julia	WIDDLE		Quinr						
	160 WAS DECEASED EVER IN U.S. ARME (YES NO OR UNKNOWN) JIF YES, GIVE W			Carroll G.	Caslin, Sr								
1	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	BY. ADVANCE		vile Dem	entia 210	93	BETWEEN C	MATÉ INTERVAL ONSET AND DEATH					
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) H Z He DUE TO, OR AS A CONSEQUE	me) -									
	PART 2 OTHER SIGNIFICANT COI												
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO		200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO								
	The second secon	21b. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18 P	ART I OR PART 2)						
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE					

236 DATE

1/22/85

22a.1 certify that (1) (this haspital) attended the deceased fram

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Cockeysville

19.85 , that (i) (we) last and that in (my) (aur) apinian death accurred an the date and hour and fram the causes stated

224. PHYSICIAN'S NAME (TYPE OR PRINT) K. Faulkner, M. D.

saw the deceased alive an

STATE

Burial 24 FUNERAL DIRECTOR

23g. BURIAL, CREMATION, REMOVAL (SPECIFY)

22b. SIGNATURE

Bryan W. Clary, 10 W. Padonia Rd. 21093

231 NAME OF CEMETERY OR CREMATORY

DEGREE

22e ADDRESS

St. Joseph's Church C Cem. 250 DATE RECTOR

Balto. Md.

DHMH - 16 50M 4/B3 (VRA 15, 4)

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FOR STATE REGISTRAR I. DECEASED NAME (TYPE OR PRINT)

MALE

4. FATHER'S NAME

To BIRTHPLACE ISTATE OF FOREIGN

PIKESVILLE

LOUIS

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136, STATE HARYLAND BALTIMORE

16a WAS DECEASED EVER IN U.S. ARMED FORCE

MARYLAND B CITY OR TOWN OF DEATH

3. SEX

DR.

ISADORE

4 RACE

WHI'

7b. CITIZEN

11. NAME (11 S

MIDDLE

DEPARTN	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	iENE S	0 0	5 4	2							
MIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR							
H. MASI	ERITZ		JANUARY	85	8:00 AM								
	S. DATE C	F BIRTH	6 AGE (IN YEARS LAST !	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS							
ГЕ	DEC.	4 DAY 1898	86	YRS.	MONTHS. DAYS	HOURS MIN.							
OF WHAT COUNTRY?	8. MARRIEI WIDOWE	DIX NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY										
SUCH FACILITY, GIVE STREET	ADDRESS)	214 (21208)	120 USUAL OCCUPA (TYPE OF WORK FOR MOS' ORTHO.SUF	T OF WORKING L	IFE) INDUSTRY	F BUSINESS OR							
13c. CITY OR TOWN PIKESVII	N	136 INSIDE CITY LIMITS?	130 STREET ADDRESS	AVE. A	PT. 214	(21208)							
MASERITZ		15 MOTHER'S MAIDEN NAME FIRST CLAR	MIDDLE		CORE	0134							
166. SOCIAL SECU 220-44-			21200	Maser	11 Sla	de Ave.							
per line for (o), (b), gree Carella	ORO.	saraton a	rrest		APPROXI	MATE INTERVAL ONSET AND DEATH							
, or as a conseque	NCE OF												

	(WESOR UNKNOWN)	WWT-ARMY DATES)	220-44-3174 Mrs	. Gertrude Miller	11 Slade Ave. Maseritz Apt. 214
		ITH (Enter only one couse pe WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (a), (b), and (c).)	lon arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if on gove rise to ir couse (a), state underlying cou	y, which (b) nmediate ting the DUE TO, C	R AS A CONSEQUENCE OF SCHEMIC HEA	REDUSEASE	4
	PART 2 OTHER SAC		ONTRIBUTING TO DEATH AUT NOT REVATE	ley 2 to relex	
71	M 190 DATE OF OPER	ATION 196 COND	ITION FOR WHICH OPERATION WAS PERF	QRAED 206 AUTOPSY?	206 IF YES, WERE FINDINGS USED

216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING MONTH DAY YEAR

NO 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 214 INJURY OCCURRED (AT HOME STREET, FACTORY, OFFICE FARM ETC.)

211 LOCATION

COUNTY CITY OR TOWN

220.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on

ATTENDING PHYSICIAN Y DIRECTOR PHYSICIAN 22c. DATE SIGNED 1/31/85

22d. PHYSICIAN'S NAM

NOT WHILE

22b. SIGNATURE

22e ADDRESS

BRIAN KAHNTROFF

11 SLADE AVE BALTIMORE., MD. (21208)

FINKSBURG,

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

238 BURIAL, CREMATION, REMOVAL 23b. DATE BURIAL 2-1-85 23¢ NAME OF CEMETERY OR CREMATORY

BETH JACOB CEM.

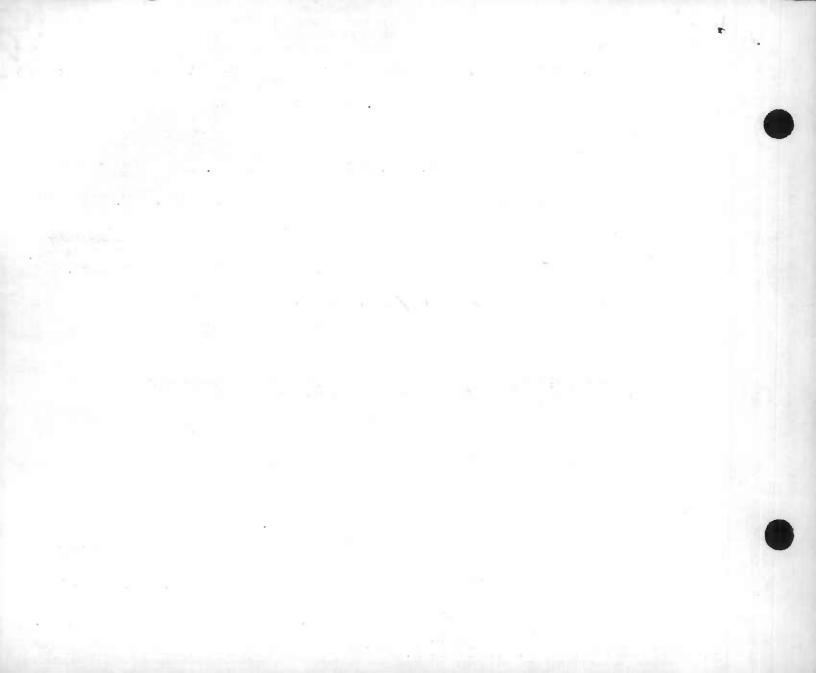
23d. LOCATION CITY OF TOWN

24 FUNERAL DIRECTO SOL LEVINSON & BROS 6010 REISTERSTOWN RD. BALTIMORE, MD. (21215)

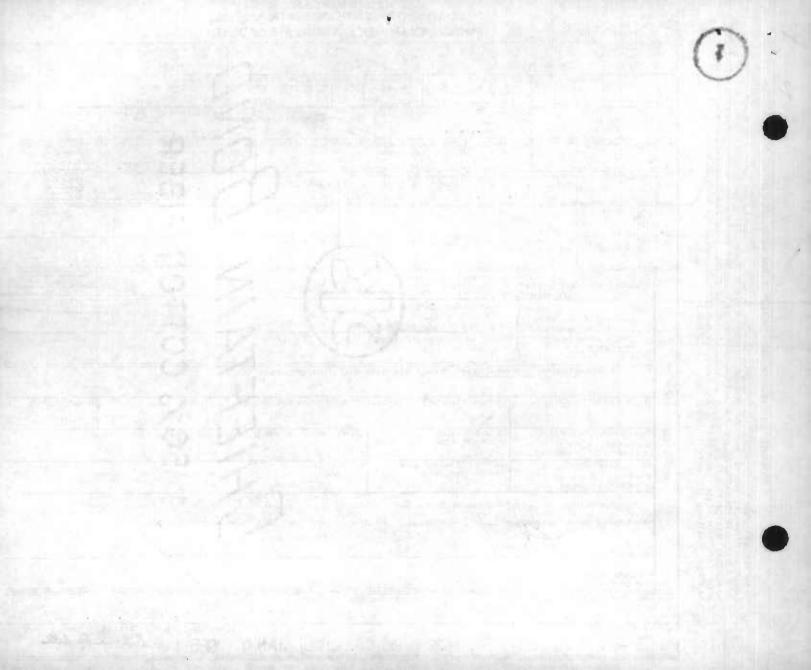
250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

CARROLL, MD.

DHMH - 16 50M 4/83 (VRA 15, 4)



X	Items			/7/85 mt	EPART	MENT OF HE	OF MA	ARYLAN	ID ENTAL I	HYGEN	IES	0	0	5 4	3	
X	- STATE T	mtb		2/85 MED	ICAL	EXAMINE	R'S CE	RTIFIC	CATE	OF DEA	HTA	REG. 1	NO.			
1	1. DÉCEASED Y	0.00	HAST		WIDDIE		LA	ST			2a. DATE OF	KNOWN '	MONTH	DAY	YEAR	26. HOUR
	Debora		Debra		ee		Mau			10		MATED	1/	7/ 19	85	M
	1 SEX	4. RACE		S. DATE OF BIRTH	YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDI	DAYS	HOURS	MIN.	70 DATE	NCED	MONTH	DAY	YEAR	6:20
2	Bemale	Whi	Lte	06/30/5		31 YRS.				15	DEAL		1/		, 85	AM
4	Marylar	stign)		U.S.				NEV					OR COUN		ATH	
\leq	JO CITY OR TO		TH	11 NAME OF HOSP			VIDOWED		DIVOR				Coun		OF BUS	MD
1	Randal			3544 Cai	LITY, GIVE S	TREET ADDRESS)				FOR	MOST OF WO	RKING LIFE)		OR IN	NDUSTRY	Υ
7	SUAL RESIDE	NCE HEINNUR	SING HOME C	OR OTHER INSTITUTION GIVE	RESIDENCE	BEFORE ADMISSION)						iter (Prin	11111	g
5	Md		Ba.	Ito. Co.	Rai	ndallsto	wn 13	YES [TY LIMITS?	13e STR	3544	^{ESS} Carra	age Hi	ill Či	ircle	е
10	4 FATHER'S N	IAME		MIDDLE	100	LAST		5 MOTHE				AIDDLE		LAS	ST.	
50		nard Al	Lban						Lois	Und	erwoo					
1	THE WAS DECT			MED FORCES? WAR OR DATES)	166 SOC	IAL SECURITY N	10.	7 INFORM	AANT			ADDRES	SS			
	No					13 62 /34	01	Lois	Lee	Alba	n 142	9 Med	lfield			211
	18 CAL PAR	ISE OF DEATH	H (Enter on	ly one couse per line for BY:		done or	rord	000	-71						OXIMATE I	AND DEATH
	12		IMMEDIA	TE CAUSE (o)		SEQUENCE OF	vera	036	22.17							
201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		ditions, if o			S A CON	ISEQUENCE OF								1		
OR R		e rise to se (o) stoting		< '	SACON	SEQUENCE OF										
125	lyin	g couse lost.		(6)		01401112201										
		HER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELA	TEO TO THE TERMINA	L OISEASE O	R CONDITION	GIVEN IN PA	ART 1 Id				1100		
	19a. DAT					MINES.				112						
/	5 190. DA1	E OF OPERA	TION	19b. CONDITIO	ON FOR	WHICH OPERAT	ION WAS	S PERFOR/	MED?					20 AU	TOPSY?	
-	21a FYT	ERNAL CAUS	FWAS	21b. TIME OF I	NIIIPV		21. HOV	V INTHIBY	OCCUPP!	FD - 5-750					s X	NO 🗌
3	UNDERL	YING O				DAY YEAR					dru		18 PART 1 OR P	AKI 2)		
	71d. INJ	JRY OCCURR	ED	21e PLACE OF			Sub		riige	steu	art	19				
	WHILE AT WO	RK D NOT Y	WHILE E	STREET, FACTO			354		arri	age	HITT	"Cir	cle,	Ran	dtn	. Md.
				got the remains descr	ihed obo	ve held on	Autopsy		Inspectio		Inquiry		ond in my o			
WANT CANAL.		esulted from:		1.11.	Accident	Suicid			ide .			onner X	1	pinion		
5			1/2	A T				TITLE (SF		Silver						
BACILIMORE, MARTIN	SIGNAT		X	N	V.	Ele D	M.D			it MED	ICAL EXAM	MINER	DATE	ED_1/8	8/85	
4	EXAMIN	ER'S NAME	0	D												
_	(TYPE O	R PRINT)		egory R. K						Penn						
	Cremati	EMATION, RI	EMOVAL 2	01/08/85		Stview				CITY	ORTOWN	T.7 Po	1 to cou	CO N	STA	land
	24 FUNERAL D			01/00/03	1 446	SCATEM	LICIIO				REGISTRA	AR 756 REG	alto.	SIGNATUR	E E	Land
	Burgee-	Henss	Funer	ral Home.	3631	Falls R	d. 2		JAN		1085	wha	Davido	on Ran	dell	



1-	FOR DEPARTMENT OF HEALTH AND MENTAL HOLEND OF STATE OF MARYLAND STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HOLEND MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH
	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO LAST MIDDLE LAST MAYERS 120 DEATH MATED 1/22 19 85
2 3. SE	
14 "	BIRTHPLACE (STATE OR OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED Balto. County
00 Es	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION SSEX 21221 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION SSEX 21221 12. USUAL OCCUPATION (TYPE OF WORK OF WORK OR INDUSTRY) OR INDUSTRY
	IAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) STATE LTYLAND 13. COLVEY 13. CITY OR TOWN 13. INSIDE (ITY LIMITS? YES \Box No. 13. STREET ADDRESS 13. STREET ADDRESS 13. STREET ADDRESS YES \Box No. 13. STREET ADDRESS 14. STREET ADDRESS 15.
14. F	ATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST
T6a	WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN) UNKN. 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 230-50-9298
DI PRIOR TO BURAL, CREMATION, OR REMOVED TO STATE OF THE	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY?
DICAL D	CONTRIBUTING CAUSE OF DEATH P.M. 19 21d INIURY OCCURRED 21e PLACE OF INJURY 141 HOME 21f LOCATION
2	WHILE AT WORK AT WORK STREET. FACTORY, FARM, ETC.) 220. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinion death resulted fram: Natural causes . Acciden , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) ACTUAL STREET CITY OR TOWN COUNTY STA
BALTIMORE, MARYLAND, 21201 P	BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY STATE
(5))	FUNERAL DIRECTOR NAME Anatomy Board ADDRESS Balto., Md. FEB O 1885 1751 PEGISTRAE'S ANATOME ANATOMY BOARD

FOR STATE		DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTA
REGISTRAR			CERTIFICATE OF DEATH
1 DECEASED NAME	FIRST	MIDDLE	LAST

L HYGIENE

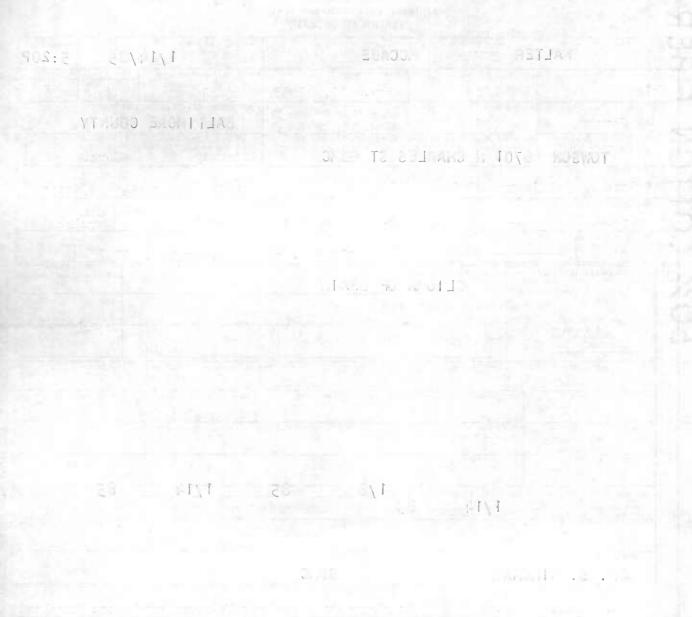
REGISTRAR		CERTIFICATE	OI DEATH	REG. N	10.	
1 DECEASED NAME FIRST WALT	ER EDWARD	ACCABE		2a DATE OF DEATH	1/14/85	5:20 P.
3 SEX	4 RACE	5. DATE OF BIRTH		6. AGE LIN YEARS LAST BE		- //(
Male	White		1, 1949		MONTHS DAYS	
	76 CITIZEN OF WHAT COUNTRY?		1, 1949	35	OR COUNTY OF DEATH	
New Jersey	USA	MARRIED N	EVER MARRIED X		ORE COUNT	Y MD
TOWSON	11. NAME OF HOSPITAL, NURSIN 6701 N CHARLE	S ST GB		12a USUAL OCCUPAT (1YPE OF WORK FOR MOST Attorney		OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OR 130 STATE 135 COUN BAILS	other institution give residence befor ity imore 13c city or tow Owings M	ills 13d INS			/ ZIP CODE ls Chapel Rd.	21117
	dward McCab	e,Sr.	THER'S MAIDEN NA FIRST Romaine	Marie	Gern	rity
(YES, NO OR UNKNOWN) (IF YES, GIVE	WED FORCES? 166 SOCIAL SECUE WAR OR DATES) 218-50-	1056	ORMANT	ADDR		
no	210-30-6	4936 Wal	ter E.Mc(Cabe, Sr. Wmsp		
PART I. DEATH WAS CAUSEI IMMEDIAT Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost	DUE TO, OR AS A CONSEQU DUE TO, OR AS A CONSEQU DUE TO, OR AS A CONSEQU CO	A OF BRA			<	XIMATÉ INTERVAL ONSET AND DEATH
	ONDITIONS CONTRIBUTING TO			VINAL DISEASE OR CON	20b. IF YES, WERE FIND	1000
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS	PERFORMED	YES NO	IN CERTIFYING CAUSE	
OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED		AY YEAR 19 211. LC	OW INJURY OCCUI	RRED (ENTER NATURE OF INJURE)	JRY IN ITEM 18 PART OR PART 2)	STATE
AT WORK NOT WHILE		4 . 0			0 -	
22a.1 certify that (1) (this hospit sow the deceased alive an above, (1) (we) (did) (did not 22b. SIGNATURE	ol) ottended the deceosed from_ 19_1 1 view the body after death.			, to, to	t 19 85 lote and hour and from the	
ZZE. SIGNATURE	Alex	DEGREE	ATTENDING PHYSICIAN	MEDICAL STA	FF	ESIGNED
22d PHYSICIAN'S NAME (TYPE OF	PRINT	22e Al	DDRESS			
DR. S. GIF	RDHAR		GBMC			
230. BURIAL, CREMATION, REMOVAL	23b. DATE 23c I	NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION	COUNTY	67-25
Cremation	Jan. 18, 1985 Sm	ithsburg	Crematori	umSmithsbur	gWashington	Maryland
24 FUNERAL DIRECTOR	ADDRESS		25a. DA	TE REC'D. BY REGISTRAR	256. REGIŞTRAR'S SIGNA	TIME

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR

BP

IMPORTANT: If hem 21 is marked or Item 18 shows



- STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

REGISTRAR

BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY 12h KIND OF BUSINESS OF TYPE OF WORK FOR WOST OF WORKING LIFE TINDUSTRY Public School ITE STREET ADDRESS / ZIP CODE 13801 York Rd. 21030 Charles E. McCarthy Ruxton, Md. PART 2. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11:0 706. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NO FT THE HOW INJURY OCCURRED I ENTER WATER OF PULLEY PATER OF PART COUNTY and that in (my) (our) opinion death accurred on the date and hour and from the causes stated Removal-Burial Gate Of Heaven Hawthorne Westchester N.Y. 154 DATE REC'D BY REGISTRAN 356 REGISTRANS SIGNASURE 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co., Balto., Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY

CERTIFICATE OF DEATH

25. HOUR

WILPSON THAN

8:30p

COS: I 'A'I YAT TOO Y THE CONTRACT OF A PERSON TO SEE A PERSON 17 C 0.1.7 77 CITUO ES ELLEC 2.23 57ft H. Outtin ST Ma. Egilla. Saldayilla x 15 (11 York Fd. 215) -i-non-24 78 6 78 Ch rios 6. NCC rtin Funton, Md. USEC, 6520 gray synth 1 7-edge Colte Of Honvan Hawkholmer Wortschenkan N.Y. Heady w. Jerting a sont So., Enlis. W. . Wall Some a chiral . W yans - and a ector, page 3

	600		STATE OF MARYLAND	8 4	0 0 5 4 /
1.	FOR STATE	DEPART	TMENT OF HEALTH AND MENTAL HY	GIENE	
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	ONTH DAY YEAR 26. HOUR
	Madge			January	
3. SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	AY) IF UNDER 1 YEAR IF UNDER 24 HRS
4	Female	White	October 15, 1902	82	YRS.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	** MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
	irginia	USA	WIDOWED DIVORCED	Baltimore	
/	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	ING HOME OR OTHER INSTITUTION ET ADDRESS)	12a. USUAL OCCUPATION	
	iddle River	Ivy Hall Nurs		Housewife	Homemaking
USU 13a	AL RESIDENCE (IF NURSING HOME O STATE 13b. COU	ROTHER INSTITUTION GIVE RESIDENCE BEFO		13e.STREET ADDRESS / Z	IP CODE
_		timore Middle	River YES NO Ex	19 Harrison	Avenue, #21220
, 114. F/	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	TZAI
	Unknown by th			vn by the Info	rmant
	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC	CURITY NO. 17. INFORMANT	ADDRESS	
	No	213-36-	1599 Mr. Fred D	. McCauley,	Jr. 104 Suffolk Ro
	18 CAUSE OF DEATH (Enter of	nly one couse per line for (o), (b), o	Savanaugh,	Ga. 31410	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
100	PART I. DEATH WAS CAUSE	TE CAUSE (o)			
		DUE TO, OR AS A CONSEQU	DENCE OF A + M	1	
	Conditions, if ony, which	((b)	bosch fort M		
1	gove rise to immediate couse (a), stating the	DUE TO, OR AS ACONSEOU	HENCE OF A		2 1
	underlying cause last.	1 Beer	11	T. Aut Cl	Bu 820-
-	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERA	MINAL DISEASE OR CONDIT	ION GIVEN IN PART 110
CERTIFICATION				A. 3. S. S. S. S.	
13	190 DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATION WAS PERFORMED	20a AUTOPSY? 2	Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?
E				YES NO	YES NO
	210. ACCIDENT WAS UNDERLYING	110110 4 14 14011711	216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
18	OR CONTRIBUTING CAUSE OF DE	AIR .	19		
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	21f LOCATION	CITY OR TOWN	COUNTY STATE
>	WHILE NOT WHILE AT WORK	TAT HOME STREET, PACTORY, OFFICE	PARM EIC J		
		ital) attended the deceased from	, 19	, to	
31	saw the deceased alive ar	ot) view the bady after death.	, and that in (my) (our) opinion	death occurred on the date	and hour and from the causes stated
	226. SIGNATURE		DEGREE		27c DATE SIGNED
	Ja. W	m	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	NΠ
	220 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	_ DIRECTOR _ THISTEIA	21221
F	Tarique A.	Firozvi, M.D.	223 Eastern	Blvd. Balti	more, Maryland
23a F	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	iio c, iviai ylalla
	Cremation		estview Mem. Par	CITY OR TOWN	e Balto Co Ma
24. FI	UNERAL DIRECTOR 77	- Delugia		TE REC'D BY REGISTRAR 256	
T	emmon Mitch	ADDRESS	c. 10 W. Padonia	JAN 1 6 1985	I will the formation
1	CITILITOII - IVITECITE	TI- Wiedererd, III	c. 10 W. Faugilla		U

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the bunal-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

OR ATTENDING PHYSICIAN: The law

FOR DEPARTMENT OF HEALTH AND MENTAL - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN I (TYPE OR PRINT) OF ESTI-MCCLEARY RUTH DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 4 RACE DATE LAST BIRTHDAY 6/30/15 W 69 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR Th. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) USA MD BALTIMORE COUNTY DIVORCED & WIDOWED 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Nurse's Private CHARLES Assistant TOWSON 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13b COUNTY 130. STATE timonium 8 Dodworth Ct., 21093 Balto. NO X MD 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Rochlitz Dr. William Rysanek Victoria 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 218 12 6983 John S. McCleary Towson, MD No 18. CAUSE OF DEATH (Enter only one cause per line for PART I DEATH WAS CAUSED BY OR REMOVAL. IMMEDIATE CAUSE (a. Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? DEPARTMENT OF PRIOR TO BURI 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY LATHOME. 21d INJURY OCCURRED 21f LOCATION AT WORK AT NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN 220. I certify that I took charge of the remains described above, held an Inspection death resulted framy 7 Natural causes Undetermined manner DATE EXAMINER'S NAME CHARLES O DONNELL 6701 N CHARLES ST 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATOR MD 1/22/85 Burial Bohemian National Baltimore, BP 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. DHMH - 17 whice Davidson Balto., MD 21212 4905 York Road (VR A15 ME (5))

20M 4/82

STATE OF MARYLAND

es vins : mateleax a serul | 1358 . 2318 . 10 . 1 . 1 NO ESTE TITOTU Or. William J. Bycanet Victoria Sportiz 213 12 des John S. McCloary, Towards No SEATON ASSESSED AND THE TOTAL STREET OF STREET AND SEATON OF STREET Service Detroit for No feet and service 1 Reds York Fond celts., AMD state I will Mark to

Mitchell-Wiedefeld Home, Inc. Balto., Md. 21211

- STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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4		FOR		DEPART		OF MARTLAND	IACIEN	0	0 3	5 U
1	1.	STATE REGISTRAR		PEI ANI		CATE OF DEATH	TO ILIVE	REG. NO.		
		CEASED NAME FIRST		WIDDLE	LA	ST	2a. DATE C		DAY YEAR	2b. HOUR
	(TYP	E OR PRINT)	IAN	E	me	Collum		1	13 1983	5 950
	3. SE	×	4. RACE		5. DATE O	F BIRTH DAY YEAR	6. AGE (IN	YEARS LAST BIRTHDAY)	MONTHS DAY	
1		/ EMALE	CAY		NOA				rs.	
-	1	IRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY	MARRIED	NEVER MARRIED	9. BALTIMO	ORE CITY OR COL	7 /	
7		MARYLAND		S.A.	WIDOWEI	DIVORCED ROTHER INSTITUTION	17n USUAR	OCCUPATION	OUAYT	Y M
1		Baltomore	Vallou	HEACHITY, GIVE STREE	TADDRESS)	-Home	TYPE OF WO	RK FOR MOST OF WORK	ING LIFE) INDUSTR	OME
1	USU 13a.	AL RESIDENCE HE NURSING HOP		GIVE RESIDENCE BEFO		13d. INSIDE CITY LIMITS				01.123
1	MA	RYLAND BA	LTIMORE	2123		YES NO	2106	D TOW	NHILL R	D. 212
5	14, F.	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN VIRGI		WIDDLE		IAST
1	140.	WAS DECEASED EVER IN U.S	A PAMED ECDOCES?	KOHLM.		VIRGI.	NIA	ADDRESS	FRAN	
	(S. GIVE WAR OR DATES)	19-10-			I A WHOTH T	N2106-D	TOWNHI	21234
		18. CAUSE OF DEATH (Ente			ind (c).)	H. ROSE D.		12100-0		OXIMATE INTERVAL IN ONSET AND DEATH
		PART I. DEATH WAS CA	USED BY:	Rec	unes	il shop	e.			NONSET AND DEATH
				R AS A CONSEQU	JENCE OF	D.	0/			PLEA
		Conditions, if any, which		one	Janie	Dray	10			
	-	cause (a), stating the underlying cause last	DUE TO, O	RAS A CONSEQU	JENCE OF					
		PART 2. OTHER SIGNIFICA	NT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATEDATO THE T	FRMINAL DISEA	SE OR CONDITION	N GIVEN IN PART	lia
	NO.		emi 1	Jeget	aliv	e life	INTITAL DISEA.	SE ON CONDINION	TOTALL HAT AKT	110
7	CERTIFICATION	190. DATE OF OPERATION	19b. COND	TION FOR WHICH	H OPERATION	WAS PERFORMED	20a AUT	OPSY? 20b. IN C	IF YES, WERE FIND	SINGS USED
1	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME O	E INTHURY		21. HOW IN HURY OCC	YES 🗌	но	YES	NO D
1		OR CONTRIBUTING _ CAUSE O	F DEATH HOUR A.	M. MONTH		21c. HOW INJURY OCC	.UKKED (ENTERN	ATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2	
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM	21e PLACE		19	THE LOCATION				
	¥	WHILE NOT WHILE AT WORK	(AT HOME, STA	REET, FACTORY, OFFICE.	, FARM, ETC.)	street!	0 /	CITE OF TOWNS	COUNTY	STATE
		220.1 certify that (I) (that	attended the	e deceased from.	17/	20 / 19 0	/ to_	1//3	11081	, that (I) (wetle
		saw the deceased alivabave, (I) (we) (did (di	e on donat) view the Body	after death.	& Jane	d that in (my) lauri opin	ian death accurr	ed an the date and	d haur and fram th	ne causes stated
		22b. SIGNATURE	The	18	mi	EGREE ATTENDING	- DMEDICAL	STAFF		SIGNED
-		224. PHYSICIAN'S NAME II	-	-	1	PHYSICIAN	DIRECTOR	STAFF PHYSICIAN		14/8I
		VWNE	ZN	BUTE	=N	63311	Belai	r Rd	Bres	62/21
_	23a.	BURIAL, CREMATION, REMO	VAL 23b. DATE	23c.	NAME OF CE	METERY OR CREMATOR				-
	C	REMATION	JAN.1	5, '85 G	REEN	MOUNT CEM	ETERY	BALTIMO	RE. MAR	YLAND
		UNIFOR DIDECTOR							GISTRAR'S SIGN	

WILLIAM E. JOHNSON8521 LOCH RAVEN BLVD

(VRA 15, 4)

Charles and the control of the contr

1 11		ELL.	A	Nora	MC C	ORMICK			0	1 10	185	8:45A M
2 (AUM)). SE	X	1 RACE		5. DATE O			6 AGE (IN YEARS	LAST BIRTHE	DAY) IF (JNDER I YEAR	IF UNDER 24 HRS
T SEPT A	1	Female	Whi	te	9	26	O1	83		YRS	VIHS DAYS	HOURS MIN.
2 39 25		RTHPLACE (STATE OF FOREIGN	L CITIZEN OF	WHAT COUN	TRY? 8.	D D NEVER MA	RRIED -	9 BALTIMORE	CITY OR	COUNTYO	DEATH	
1622		aryland		S.A.	WIDOWE	DIX DIVO	DRCED [BALTIN	10RE	COUNTY	7	MD.
11 2/	10 C	ITY OR TOWN OF DEATH			URSING HOME (OR OTHER INSTIT	UTION	120 USUAL OCO			12b. KIND O	F BUSINESS OR
32	1	TOWSON	GREATE	R BALT	IMORE ME	DICAL C	ENTER	Nursing	g Ass	istan	Dr.'	s Office
21	3a 5	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	OTHER INSTITUTION TY	13c. CITY OR	TOWN	13d. INSIDE CITY	Y LIMITS?	13e.STREET ADD	RESS / Z	IP CODE		
U	-	aryland ATHER'S NAME		Balti			10 🗆	109 S.	Beec	hfield		
20	14. 1-7		NIDDLE	Mack	i e	15 MOTHER'S A	MAIDEN NAM		IDDIE		Jeffi	res
1111	1/1/1		H.		ckay		ary		C.	100	Je	ffers-
8 11)		VAS DECEASED EVER IN U.S. ARAYES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)		SECURITY NO.	17 INFORMAN				Eldone		
1					3-3982	James	L. Mc	Cormick	4345	Eldo		21229
o vo		18 CAUSE OF DEATH (Enter and PART I, DEATH WAS CAUSED	y ane cause per								BETWEEN	MATE INTERVAL DISET AND DEATH
on on one			CAUSE (a)	CARDI	OPULMON A	RY ARRES	ST					
ndin corb or or			DUE TO, O	R AS A CONS	SEQUENCE OF							
ove finn oum		Canditions, if any, which	((b)_	CONGE	STIVE HE	ART FAIL	LURE					
emo emo		gave rise to immediate cause (a), stating the	DUETO	PAS A CONS	SEQUENCE OF							
by bese l, cr		underlying cause lost.	(6)	M AS A CON	SEGOEINCE OI							
urio 7. or		PART 2. OTHER SIGNIFICANT C	ONDITIONS C	ONTRIBUTING	G TO DEATH BUT	NOT RELATED T	O THE TERMI	NAL DISEASE O	R CONDIT	ION GIVEN	IN PART 110	
五年 三	CERTIFICATION											
127/	S	190 DATE OF OPERATION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORM	MED	20a AUTOPS		Ob. IF YES, W		
2 4 67	E E							YES N	0	YES [NO [
1 8	8	210. ACCIDENT WAS UNDERLYING	21b. TIME C		DAY YEAR	21c HOW INJU	JRY OCCURRI	ED (ENTER NATURE	OF INJURY I	NITEM 18 PART	I OR PART 2)	
1984	CAL	OR CONTRIBUTING CAUSE OF DEAT		м.	19							
of Marie	MEDI	21d INJURY OCCURRED		OF INJURY	FFICE, FARM, ETC)	211 LOCATION	1	CI	TY OR TOWN	1	COUNTY	STATE
100	2	WHILE NOT WHILE AT WORK	(Al HOME, SI	REET, PACTORY, O	FFICE, FARM, EIC)	SINCE						3,416
eop a	-	22a. I certify that (I) (this hospit					19 84	, 10	10		85	that (1) (we) lost
2 4 4		sow the deceased alive on abave, (1) (we) (did) (did nat		O death	1985, or	nd that in (my) (a	ur) apinion d	eath accurred a	n the date	and haur as	nd fram the	causes stated
P b E		22b. SIGNATURE	2 A	uner death.		DEGREE					22c. DATE	
711		Hal (C	fend	m.		ENDING	MEDICAL DIRECTOR	STAFF	N 🔯		
1 5 X		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)			22e ADDRESS				- 65		
PORT /		HAL C. CL	ARK, M.	D.		GBMC -	- 6701	N. CHAF	RLES	ST. 21	204	
2213	23a E	SURIAL, CREMATION, REMOVAL	23b. DATE		23c NAME OF C	EMETERY OR CR		23d. LOCATIO	N			
,	1	Burial	1/14/	85	Wood 1a	wn Cemet	erv	Wood	ลพา	Ba	OUNTY	re Md

Hubbard Funeral Home, Inc. 4107 Wilkens Ave

Items 14,15,17FilmG599 1/14/85JAB STATE OF MARYLAND

MIDDLE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

21229

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4

(VRA 15, 4)

FIRST

1 DECEASED NAME

- STATE

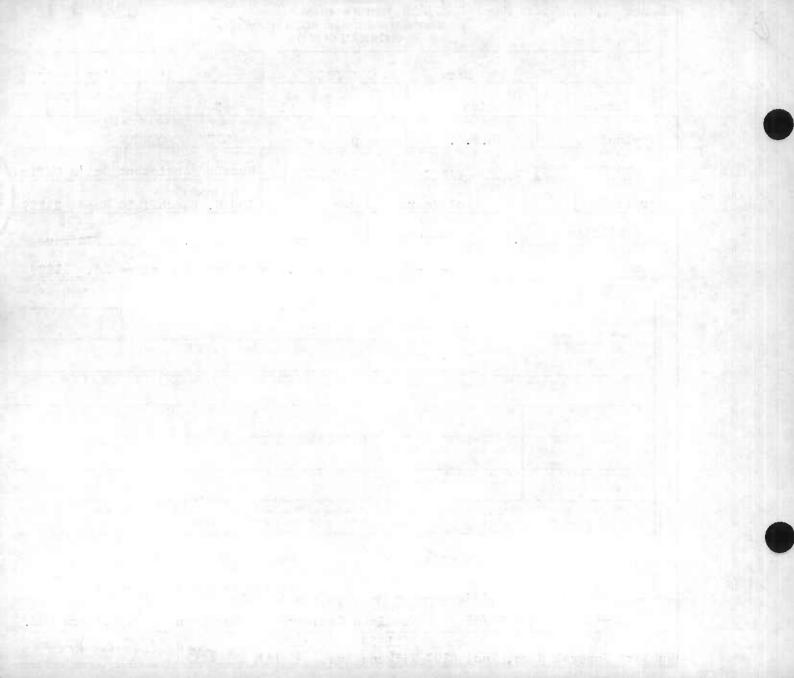
DRESSildone 345 Eldon Rd. 21229 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ONDITION GIVEN IN PART 11a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NOF INJURY IN ITEM 18 PART I OR PART 2) RIOWN COUNTY STATE 85 , that (1) (we) lost e date and haur and fram the causes stated 22c. DATE SIGNED TAFF SICIAN X ES ST. 21204 Baltimore Md. REGISTRAR 256 REGISTRAR'S SIGNATURE 25a. DATE REC'D.

REG. NO

YEAR

2b HOUR

20. DATE OF DEATH MONTH



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to	11-	FOR STATE				MENT OF HE				O	Q d		•
		REGISTRAR CEASED NAME	FIRST	MEI	MIDDLE	EXAMINE	3 CEKTIFI	ICATEC		REG. N			To comment
		E OR PRINT)	7 1131		MIDDLE		(AS)		Ze. DATE OF	KNOWN X ESTI- H MATED		DAY YEAR	26 HOUR
	-		Jeron		amont		McCowan				1147		N
	D. SEX		I. RACE	5 DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS I	R 24 HRS. 2c. DA		MONTH	DAY YEAR	2:30
v	and a	ale	Black		1956	28 YRS.			DEA			/859	A M
		RTHPLACE (STA	TE OR	76. CITIZEN OF WI	AT COUN	TRY? 8.	MARRIED X N	EVER MARR	IED 9 BALT	MORE CITY	OR COUNTY	OF DEATH	
į	M	laryland		U. S	. A.		IDOWED	DIVORC	ED Ba	ltimore	Count	У,	MD
į	10 CI	TY OR TOWN C	OF DEATH	11. NAME OF HOS			OTHER INSTITU	UTION	120 USUAL OCC	UPATION (TYP	PE OF WORK	KIND OF BL	ISINESS
	R	andalls	town			d Court	Rd.		Linen P			en. Ho	
į	130 S		F IN NURSING HOME	OR OTHER INSTITUTION, GE		OR TOWN	lisa incinc	CITY LIMITS?	As STREET ADD				
		ryland	130 COO!			timore	YES		Baltimo				
	4. F/	THER'S NAME					IS. MOTH	HER'S MAID					
ľ	1	Harvey		MIDDLE	Mc	Cowan		Barba		MIDDLE		Hope	
	Ióa V	VAS DECEASED	EVER IN U.S. AR			CIAL SECURITY N				. SAPPLESS		Oak Av	remue.
	(A	NO.	(IF YES, GIVE	WAR OR DATES)	214-	72-9137	Kare	n M.	Mc Cowan	Bal+4	CHAIRI	Md. 21	215
			DEATH (Enter or	nly one couse per line	-		Muze	11 110	He COWAII	Balti	more,	APPROXIMAT	
			TH WAS CAUSE	D BY:		and Soot	Inhala	tion				BETWEEN ONSE	T AND DEATH
	2	269	IMMEDIA	TE CAOSE (O)		SEQUENCE OF	IIIIaia	CLOII					
			s, if any, which									~	
			ta immediate		AS A CON	SEQUENCE OF							
		lying caus		552,0,01	No A CO.	-SEGOETTCE OF					TO VO		
		PART 2 DINER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	HIT NOT PEL	TEO TO THE TERMINAL	OKCASC OB CONOITI	ON CINEN IN BA	IDY 1				
	Z			CONTRIBUTION TO DEATH	IOI NOT KEE	THE TERMINAL	DISCASE OK COMOIII	ON GIVEN IN PA	AKI 1 D				
0	18	19a. DATE OF	OPERATION	II9h CONDI	ION FOR	WHICH OPERATI	ON WAS PERFO	RMFD?				20 AUTOPSY	2
-	SF			44.3							112111		
0	CERTIFICATION	210 EXTERNAL	CAUSE WAS	216 TIME OF	INJURY		21c HOW INJUR	Y OCCURP	ED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PAPT	YES 🗆	NOX
1		UNDERLYING	X OR			DAY YEAR	subject	Toun	d as leep	in van	with	motor	
	MEDICAL	21d INJURY O		DEATH 2:08XX		9/85 (ATHOME	running	; eng	ine caugh	it fire			
,	A A	WHILE AT WORK		STREET, FACT	ORY, FARM, E			Tot E	400B1k.O	I A C+	DA COUNT	indalla	STATE
		AT WORK	AT WORK		van		arking	TOC, 3	400DIK-U.	d CL.	Nu., Ro		Md.
		22a. I certify	that I took chor	ge of the remains des			Autopsy	Inspectio	ın XX , İnquir	y L, or	nd in my opini		. 304 6
ļ	7	death resulte	d fram: Natu	ralkgoses .	Accident	XX, Suicid	Ham	nicide .	Undetermined	monner .			
	1	ACTUAL	Th	90) V	2.0.2		TITLE ((SPECIFY)					
	-	SIGNATURE _	11/				M.D. ASS	istan	t_MEDICAL EXA	MINER	DATE SIGNED.	1/29/	85
ĺ	1	EXAMINER'S N	IAME										
		(TYPE OR PRIN	T) Gre	egory R. K					l Penn St	-			
	230.B	PECIFY)	ION, REMOVAL			NAME OF CEMET			23d. LOCATION		COUNTY	5	TATE
			rial	2/02/198		ng Memor						Maryl	and
	24 10	THE PARE	Sons 2	501 Gwynn	s Fal	ls Park	ay	250. DATE	REC'D. BY REGISTI				
	Fu	neral H	ome Inc.	Baltimor	e, Ma	ryland :	1216	I FE	8 7 198	5	a Davidse	n-Randa	22

stant's Marti ond or .orine Minon exceptor Cen. Hose. . SEDG GRYMN DWK AVE. 21-1-138 .m.ren . N. Comott emitimore, No. 20213 Notter & Sonn 2501 Gaynna Falds Porthery an roll to the later that the roll at the

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		E OR PRINT)	GLE	NN	E	UEE	NE		MCC	RA	Y		OF	ESTI- MATED		1		, 85	
3	SEX	4	RACE	S. DATE O	F BIRTH		6 AGE (IN)	EARS IF	UNDER 1	YR. IF L	UNDER 24	HRS.	2c. DATE			НТИС	DAY	YEAR	2d HOUR
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		L RESIDENCE (I	IN HURSING HOM		TUTION, GI		BEFORE ADMIS	SION)	113d IN	ISIDE CITY LI	интсэ Тэ		EET ADDRE						1220
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ł	I FA	ATHER'S NAME		MIDDLE			LAST		15. M	OTHER'S FIRST	MAIDEN	NAME	N	NDDLE		U.	L	AST	
4		Henry		E.			icCray			Rosa			L	etti			В	oggs	
	6a V	VAS DECEASED ES, NO. OR UNKNOW	EVER IN U.S.	ARMED FORCE	5?		IAL SECUR			FORMAN				ADOR	alto	٠.,	Md.	212	220
L		Yes	WW.				2-22-9	457	Mrs	. He	len	L. N	1cCra	y -1	547	Ale	dene	y Av	re.,
		18 CAUSE OF PART I DEA	DEATH (Enter TH WAS CAU	anly one cause SED BY:	e per line	for (a), (b)		_	9	1	0.		Val	0				EEN ONSE	E INTERVAL I AND DEATH
1		764		IATE CAUSE (,	· Cura		oce	1000	ar	nen	- 0-V	may	-					
		Conditions	, if any, whi		TO, OR	AS A CON	ISEQUENCE	OF											
A, CREWICK, OR REVIOUS		gove rise	to immedia	ate (b)			22									-		
		lying cause	toting the <u>und</u> lost.	er. DUE	: 10, OR	AS A CON	ISEOUENCE	OF									18		
		PART 2 OTHER-SIGN	IIFICANT CONDITIO	NC CONTRIBUTING	TO DEATH	PRI NOT POL	TEO TO THE TE	MINAL OIL	1401 08 004	NOTION CIVI	CAL IN BARY								
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1	CERTIFICATION	19a DATE OF C	7	- 00	CONDIT	ION FOR	WHICH OPE	RATION	WAS PER	RFORMED	D?	-					20 A	UTOPSY	?
4	IFIC	7															1717	ES 🗍	NOV
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9	-	UNDERLYING CONTRIBUTING			P.M		DAY YEA	AK											
13	MEDICAL	21d INJURY OC	CURRED	21e	PLACE	ORY, FARM, E	(AT HOME,	21f.	LOCATIO	N			CITY OR TO	14/61			UNTY *		STATE
	¥ .	AT WORK	NOT WHILE		THEEL, PACI	SAT, FARM, E	(0.)		SINEEL			100	CITORIO	TYPE		col	UNIT		STATE
				orge of the ren	nains des	cribed abo	ve. held an	Au	opsy []. Inc	spection	V	Inquire	X	and in	my or	sinian		
		death resulted		stural causes	X	Accident		uicide [Homicide		Undet	ermined mi	anner	7.	, 01	, midit	1	
		1943 - T	70			1				TENSPEC		2	711				,	125	lee
7	1	ACTUAL SIGNATURE_	J. C.	Lossen	~ () St	novo	-	M.D	1)e	suty	MED	ICAL EXAA	AINER		DATE	D	1-31	80
1			AME T	0.000	41	110	14 . 1	A . I		~	X	1	01.0	7	0 01		no 1		
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1	23a.Bl	URIAL, CREMATI	ON, REMOVA	L 23b. DATE		23c 1	NAME OF C	EMETER	OR CREA	MATORY			CATION			COUP	MIY	SI	TATE
11.		Bur	ial	1/28/	85	1	loly R	osaj	су	Inc				Ba	ltin	or	e,	Mo	
		UNERAL DIRECT			ADDRESS					750.	DATE REC	C'D. BY	REGISTRA	25b. R	EGISTRA	AR'S S	IGNATU	JRE	A
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN 2b. HOUR (TYPE OR PRINT) 1030 DEATH MATED 19 DATE OF BIRTH 7d HOUR 3 SEX 4 RACE IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) MONTHS MONTH PRONOUNCED 2015 DEAD 57 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED THEVER MARRIED COUN DIVORCED WIDOWED [IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS! FOR MOST OF WORKING LIFE! USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY BALTO 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c. CITY OR TOWN ESSEX LANGLES YES [NO T 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE 1 AST LAST FIRST 7 INFORMANT 16b. SOCIAL SECURITY NO. 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) ABOVE 414 34 8031 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per inperior (a), (b), and(c).) PART I DEATH WAS CAUSED BY ulais Mores C VChemic IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, 301 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III ATION MEDIC CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 19a. DATE OF OPERATION 20. AUTOPSY? YES [BURKA 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION ARDED GE 3 SH ATE DEP 71d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE COUNTY CITY OR TOWN WHILE AT WORK AT WORK Autopsy 220. I certify that I took charge of the remains described above, held on Inspection death resulted from: Notural causes Accident Suicide Homicide Undetermined monner SIGNED EXAMINER'S NAME TYPE OR PRINT PAGI TO F 1256. REGISTRAR'S SIGNATURE 250. DATE REC'D. BY REGISTRAR 24. FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5)) 15M 7/76

1		FOR			CDADT			ARYLAND	678		0	0 5	5 3	1
7	1-	STATE REGISTRAR				MENT OF I					1			
	1. DEC	CEASED NAME E OR PRINT)	FIRST		MIDDLE			LAST			REG. N	MONTH	DAY YEAR	Zb HOUR
88	B 05V		WILL	1.0	W.	Tr. ACC.		GUIRE		DEATH	MATED 5	1/	11/19 85	
	3. SEX	MALE	A RACE WHITE	5. DATE OF BIRTH MONTH DAY 02 04	YEAR 24	6. AGE (IN YEA LAST BIRTHDA 60 YR	Y) MONT		HOURS MIN	PRONOUI DEAL	NCED		15/19 85	7:10
PREST	7a. BI	RTHPLACE (ST	ATE OR	76 CITIZEN OF WI	IAT COUN	VTRY?	8 MARR	IED NEVE	R MARRIED	9. BALTIA	AORE CITY	OR COUNTY	Y OF DEATH	
1		MARYLAND			U.S.A. WIDOWED D DIVORCED Baltimore Cour							MD		
30	10 CI	Arbuti		11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 5112 LEEDS AVENUE, 21227 174 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) TRUCK HELPER					110 1000	OR INDUST GOODWII	TRY			
6	13a S	L RESIDENCE	IF IN NURSING HO.		13c CITY	ORTOWN) (N)	13d INSIDE CITY		STREET ADDR	ESS EDG AT		INDUSTR	IES
_		ARYLAND		TIMORE	P	RBUTUS			NO X 5	112 L EI	EDS AV	ENUE,	21227	
H	14.12	ALFRED		C.		UIRE	813	BEU	LAH	VW.E	AIDDLE		OHNSON	
1	Ióa V	VAS DECEASEL ES, NO, OR UNKNO	DEVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	16b. SO	CIAL SECURITY	NO.	17. INFORMA			ADDRESS		21229	
		NO		anly ane cause per line		VAILAB:	LE	WINIF	RED SH	ADELL	5446	MASEF:	IELD RI	TE INTERVAL
MATION, OR REMOVAL		gave ris cause (a) lying cau	ns, if any, wh the ta immedi stating the und se last.	(b) (b) (c) DUE TO, OR (c) DNS CONTRIDUTING TO DEATH	AS A COI	NSEQUENCE C	DF DF				ease	Hall a A		
CERTIFICATE SHOULD BE EXECUTED WITHOUT THE OTHE WORD "PENDING". IN PENDING THE CAMEN SED TO THE CHIEF AKEDICAL EXAMINES SHOULD BE USED AS A BURIAL. TR. DEPARTMENT OF HEALTH AND MENT. I PRIOR TO BURIAL, CREMATION, OR	TION	Chronic Alcoholism 196. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED?												
	TIFICA	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?								20. AUTOPS	NO [X]			
	MEDICAL CERTIFICATION	UNDERLYING	CAUSE WAS		. MONTH	DAY YEAR	21c. H	OW INJURY O	CCURRED (EN	TER NATURE OF IN	JURY IN ITEM 18	PART 1 OR PART	(2)	
	MEDI	21d INJURY C	NOT WHILE AT WORK	21e PLACE C STREET, FACE				CATION		CITY OR TO)WN	COUM	MTY	STATE
EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE FORWARDED SHOULD BE FORWARDED SHOULD BE FORWARDED SHOULD BE FORWARDED SHOULD SH		22. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry , and in my opinion death resulted from: Natural output X, Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) ACTUAL SIGNATURE									85			
BA	23a Bl	URIAL, CREMA	TION, REMOVA	L 23b DATE	23с.	NAME OF CEA	ETERY C	RCREMATOR	Y 23c	LOCATION CITY OR TOWN		COUNT	TY	STATE
		BURIAL		01-22-85		LOUDO					MORE C	ITY	MARY	LAND
))		DINERAL DIRECT		HOME, INC.	4107		2122 NS A		JAN 2	3 1985			GNATURE	2

STATE OF MARYLAND

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ADDRESS

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

12b. KIND OF BUSINESS OR

IF UNDER I YEAR

INDUSTRY

COUNTY

BATTO

22c. DATE SIGNED

STATE

HOME

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

1,35

IF UNDER 24 HRS

HELEN AUDREY

FOR

REGISTRAR

- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

MCNEILL



DEPARTMENT OF HEALTH AND MENTAL HYGIEN

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH DECEASED NAME 2b. HOUR ALBERT LIYPE OR PRINT 3. SEX IF UNDER 24 HR DAYS MOURS 9. BALTIMORE CITY OR COUNTY OF DEATH O. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland Baltimore WIDOWED IL CHY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Towson Tool & Die Maker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136. STATE 134. COUNTY 117. CITY OF TOWARD 13e STREET ADDRESS / ZIP CODE 113d INSIDE CITY LIMITS? Baltimore Towson YES | 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Albert McNeir, Sr. Elizabeth Gemmil1 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. I IF YES, GIVE WAR OR DATEST (YES, NO OR UNKNOWN) Yes WW II 212-28-3171 Mrs. Theresa K. McNeir same as # 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF

underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) 21a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from_ sow the deceosed olive on obove, (1) (we) (did) (did not) view the body ofter death , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN X

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MPORTAN

DHMH - 16 50M 4/83 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) Burial

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

230 NAME OF CEMETERY OR CREMATORY

22e ADDRESS

23d LOCATION CITY OR TOWN

COUNTY

STATE

24 FUNERAL DIRECTOR

Ruck Towson Funeral Home, Inc. 1050 York Road

Dulaney Valley Cem. Baltimore Maryland 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ABBAR TO BE A DESCRIPTION OF THE CONSTRUCTION MALE WHITE OF SER ST APPLIED IN ST. COLLANTY WATER-ONE SC JOSEPH MOSPITAL LOS Edg Temples of Land MD "CEEL/SHELLENGE HE S SET ROOF AVERAGE AND IN SHIR SLEED N. DECREE OF VICE AND SHIP AND SHAPE Simbo tracker han warrant Terlely x distance many distance THE PARTY SHOULD BE SHOULD BE SHOULD

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	- STATE REGISTRAR			DEFARIN		ICATE OF D	EATH	REG. NO	D.			da	,
T	DECEASED NAME	Ralph		ster		icker		20 DATE OF DEATH	MONTH	28	YEAR 85	26 HOUR	PM PM
ш	Male	4	White	1	5. DATE C	DAY	1924	6 AGE (IN YEARS LAST BIRT	HDAY)	MONIHS	R 1 YEAR DATS	IF UNDER 24 HOURS	HRS MIN
7	West Vir		U.S.A.	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER /	AARRIED	Baltimore City o	_				MD.
	O CITY OR TOWN O	OF DEATH 1	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET A	DDRESS)			12e USUAL OCCUPATION OF WORK FOR MOST OF Laborer		LIFE) IND	USTRY	F BUSINESS n_Mate	
	USUAL RESIDENCE (130 STATE Maryland 4 FATHER'S NAME	136 COUNT		Dundalk		136 INSIDE C	ITY LIMITS?	13e STREET ADDRESS / 4021 St. A			Lane	e 212	222
	Bailey		IDDIE	McVicker	BUTYLLO	E11	FIRST .a	MIDDLE J. ADDRE	CC		Grin		
	WAS DECEASED THE THE THE THE THE THE THE THE THE THE		WAR OR DATES)	156-16-1			E. McV			e as		MATE INTERVA	
	gave rise to couse to t	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse last					0D.	the les	40	-	- /	24	Py nx
	NO.				ITING TO DEATH BUT NOT RELATED TO THE TERF			200 AUTOPSY?	20b. IF Y	YES, WERI	E FINDIN	NGS USED OF DEATH	?
	OR CONTRIBUTION	OK CONTRIBUTING CAUSE OF DEATH		M. MONTH DA M.	Y YEAR			RED (ENTER NATURE OF INJUI			PART 2)	но П	
	WHILE AL WORK	CCURRED NOT WHILE AT WORK	21e. PLACE (AT HOME STE	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	211. LOCATION STREET		CITY OR TO	WN	co	YTAU	STAT	16
	saw the c abave, (1)	deceased alive on_ (we) (did) (did nat)		e deceosed from	, a		(our) opinion (, ta deoth accurred on the do	ate and h		om the		
	22b. SIGNATU	Juer	TW	luce	m			MEDICAL STAI	F IAN 🗆	22	R DATE	SIGNED	
		N'S NAME (TYPE OR				720		th Point F	Rd.				

DHMH - 16 60M 7/B4 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) 236 DATE

7922 Wise Avenue

234. NAME OF CEMETERY OR CREMATORY

Holly Hill

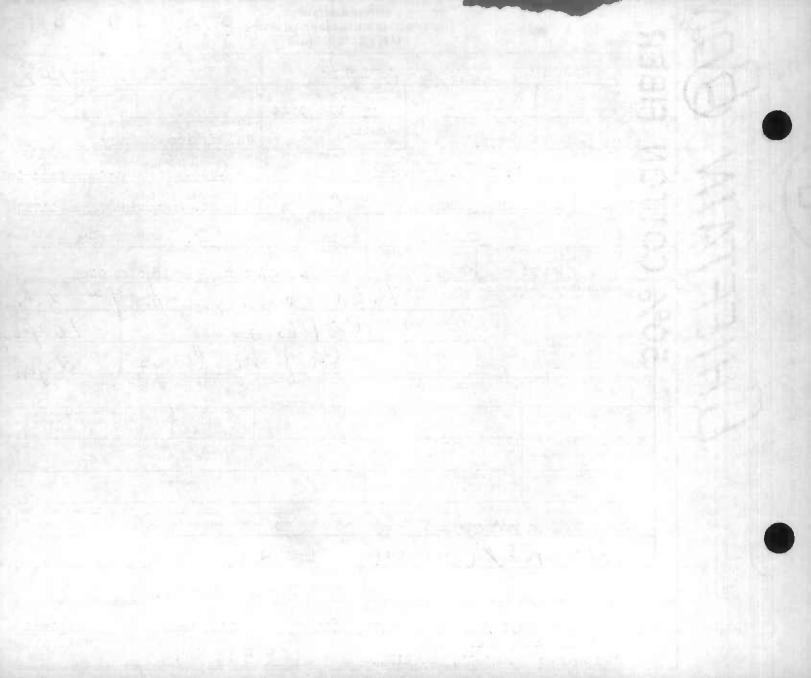
23d LOCATION White Marsh

COUNTY

STATE Maryland

1/31/1985 Burial 24 FUNERAL DIRECTOR Duda-Ruck, Inc.

ADDRESS Dundalk, MD. 21222



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24 FUNERAL DIRECTOR

Martin D. Lawson, 10 W. Padonia Rd.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH YEAR 26. HOUR I. DECEASED NAME TYPE OF PRINTS SCAR IF UNDER I YEAR 3 SEX & AGE (IN YEARS LAST BIRTHDAY) MONTH 1908 White Male 76 Apr. 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED MEVER MARRIED Maryland USA Baltimore County DIVORCED WIDOWED LE CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OF TYPE OF WORK FOR MOST OF WORKING LIFE Western Elec. St. Joseph Hospital Maintenance Towson USUAL RESIDENCE (IF NURSING HOW OF DEFINITION OF RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Baltimore Maryland YES PA 5929 Leith Walk Rd. 21239 NO F IS MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE Eickelbeck Elizabeth Menzel Bertha Oscar 166 SOCIAL SECURITY NO 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? LYES NO OR UNKNOWNE 213-01-4018 Elsie N. Menzel, 5929 Leith Walk Rd., No 21239 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DE ATH WAS CAUSED BY WFAR CTION IMMEDIATE CAUSE ARTERIOS CLEROTIC HEART DISCASE Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21g. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216 TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINER) PM 19 21f LOCATION 214 INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) STREET NOT WHILE 22a | certify that / (this hospital) attended the deceased from and that in (20) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on obove, U (we) (dd) (did not) view the body after death 22b. SIG DEGREE 22c DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS ORGE TOW SON, MD. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23g. BURIAL CREMATION, REMOVAL 23b DATE Dulaney Valley Cem. 1/4/85 Timonium Burial

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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DHMH - 16 50M 4/83 (VRA 15, 4) en and a contract of the second second and the second seco

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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RE	G. NO.					

						ICATE OF DEATH	REG.			
TYPE	CEASED NAME	FIRST	٨	AIDDLE	L/	AST	20. DATE OF DEATH			OUR
11116	Ro	bert	Irvin	Meschke	t		Janua	ry 19 1985	/	
3 SE	X		4 RACE		5. DATE O		6. AGE (IN YEARS LAST	SRIHDAY) IF U		DER 241
M	ale	150	Caucasi	an	Sept	ember 3 1918	66	YRS.	ITHS DAYS HOU	85 N
	RTHPLACE (STATE O COUNTRY)	r foreign ;	U.S.A.	WHAT COUNTRY?	8. MARRIED WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY Baltimore	_	DEATH	
	ITY OR TOWN OF DE Pandallstown	ATH	(# NOT IN SUC	HOSPITAL, NURSIN HEACHITY, GIVE STREET ORE COUNTY	ADDRESS)	ROTHER INSTITUTION . Hospital	120. USUAL OCCUPA (TYPE OF WORK FOR MOS TOOL and D	T OF WORKING LIFE)	126 KIND OF BUS INDUSTRY Orbit Ma	
13a. S	AL RESIDENCE (IF NU STATE aryland	13b. COUN Balti	TY	GIVE RESIDENCE BEFOR 13t. CITY OR TOW Woodlaw	VN I	13d. INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRES 36 Summer	s / ZIP CODE field Road	2	1207
	ATHER'S NAME PIRST Decar E. Mes		AIDDLE	LAST		15. MOTHER'S MAIDEN NA/ Goldie (nee	Cain)		EAST	
160 WAS DECEASED EVER IN U.S. AI			MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFMPSANMarjori	e L. Maschke	CESS	2	1207
	es		J 2	275-05-	8665	36 Summerfie	ld Rd.	Baltimore	Mar	yla
TION	ATHE	roscie	TUTTE	HEAVET	- 1	NOT RELATED TO THE TERM				
TIFICATION		roscie	TUTTE	HEAVET	- 1		200 AUTOPSY?	20b. IF YES, W	VERE FINDINGS U	ISED EATH?
CAL CERTIFICATION	ATHE	ATION NDERLYING CAUSE OF DEA	196. CONDI	TION FOR WHICH	H OPERATION	USEASE	200 AUTOPSY?	20b. IF YES, W. IN CERTIFYIN YES [VERE FINDINGS UNG CAUSES OF D	EATH?
MEDICAL CERTIFICATION	APHE	ATION NDERLYING CAUSE OF DEA DICAL EXAMINER;	19b. CONDI 19b. CONDI 19b. TIME O HOUR A P 21e. PLACE	HEAVET TION FOR WHICH FINJURY M. MONTH D M.	H OPERATION AY YEAR 19	N WAS PERFORMED	200 AUTOPSY? YES NO CED (ENTER NATURE OF IN	200. IF YES, WIN CERTIFYIN YES [IJURY IN ITEM 18, PART	VERE FINDINGS UNG CAUSES OF D	EATH?
	ATUE 190 DATE OF OPER 210. ACCIDENT WAS U OR CONTRIBUTING (IF ETHER NOTIFY ME 21d. INJURY OCCU WHILE NOT AT WORK AT W 220.1 certify that (sow the decre	NDERLYING CAUSE OF DEA DICAL EXAMINER! RRED WHILE OTHER OTHER	196, CONDI 196, CONDI	TION FOR WHICH FINJURY M. MONTH D M. OF INJURY EET, FACTORY, OFFICE, 19	AY YEAR 19 FARM, ETC.)	21c. HOW INJURY OCCURE 21f. LOCATION STREET 19 and that in (my) (our) opinion of DEGREE	280 AUTOPSY? YES NO CITY OF INCLUDING OF INC	20b. IF YES, WIN CERTIFYIN YES [JURY IN ITEM 18, PART 10WN 19. dote and hour or	VERE FINDINGS UNITY OR PART 2) COUNTY	STAT
	21a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTHY ME AT WORK NOT AT W 22a. I certify that (sow the dece above, (I) (we)	NATION NDERLYING CAUSE OF DEA DICAL EXAMINER RRED WHILE OWK U) (this hospit (did) (did not) NAME PREO	21b. TIME O HOUR A 21c. PLACE (AT HOME, STR	TION FOR WHICH FINJURY M. MONTH D M. OF INJURY EET, FACTORY, OFFICE, 19	AY YEAR 19 FARM, ETC.)	21c. HOW INJURY OCCURE 21f. LOCATION STREET 19 and that in (my) (our) opinion of DEGREE	280 AUTOPSY? YES NO CITY OF ITY 20b. IF YES, WIN CERTIFYIN YES [NJURY IN ITEM 18. PART 10WN 19. dote and hour or ITAFF SICIAN [/ERE FINDINGS U IG CAUSES OF D NC OR PART 2) COUNTY that {	STAT	
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WEDICAL MEDICAL	ATUE 19th DATE OF OPER 21th ACCIDENT WAS U OR CONTRIBUTING (IF ETHER NOTIFY ME 21th INJURY OCCU WHILE NOT AT WORK AT WORK 22th Certify Atol 22th SIGNATURE BURIAL, CREMATION (SPECEY)	NDERLYING CAUSE OF DEA DICAL EXAMINER RRED WHILE CORK I) (this hospit soed olive on (did) (did not	21b. TIME O HOUR A 21c. PLACE (AT HOME. STR (OI) ottended the 1) view the body 23b. DATE 1/23/85	TION FOR WHICH FINJURY M. MONTH D M. OF INJURY eet. FACTORY, OFFICE, I officer death. 231. Mc	AY YEAR 19 FARM, ETC.) NAME OF CORRELATION	216. HOW INJURY OCCURE 216. HOW INJURY OCCURE 216. LOCATION STREET 19 ad that in (my) (our) opinion of the physician physic	200 AUTOPSY? YES NO CITY OR CITY OR AMEDICAL SI DIRECTOR PHY 23d. LOCATION CITY OR TOWN Parkyille	20b. IF YES, WIN CERTIFYIN YES [NJURY IN ITEM 18. PART TOWN TAFF SICIAN Pal	COUNTY COUNTY	STATE STATE STATE STATE STATE STATE
WEDICAL MEDICAL	21a. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTHY ME 21d. INJURY OCCU WHILE NOT NOT AT WORK 22a. I certify that (sow the decee above, (I) (we) 22b. SIGNATURE BURIAL, CREMATION (SPECIFY)	NDERLYING CAUSE OF DEA DICAL EXAMINER RRED WHILE CORK I) (this hospit soed olive on (did) (did not	21b. TIME O HOUR A 21c. PLACE (AT HOME. STR (OI) ottended the 1) view the body 23b. DATE 1/23/85	TION FOR WHICH FINJURY M. MONTH D M. OF INJURY eet. FACTORY, OFFICE, I officer death. 231. Mc	AY YEAR 19 FARM, ETC.) NAME OF CORRELATION	216. HOW INJURY OCCURE 216. HOW INJURY OCCURE 216. LOCATION STREET 19 ad that in (my) (our) opinion of the physician physic	200 AUTOPSY? YES NO CITY OR CITY OR AMEDICAL ST DIRECTOR PHY: 23d LOCATION CITY OR TOWN CITY OR TOWN	20b. IF YES, W. IN CERTIFYIN YES [JURY IN ITEM 18. PART 10WN 10WN 10WN 10WN 10WN 10WN 10WN 10WN	COUNTY COUNTY	STAT

DHMH - 16 50M 4/83 (VRA 15, 4)

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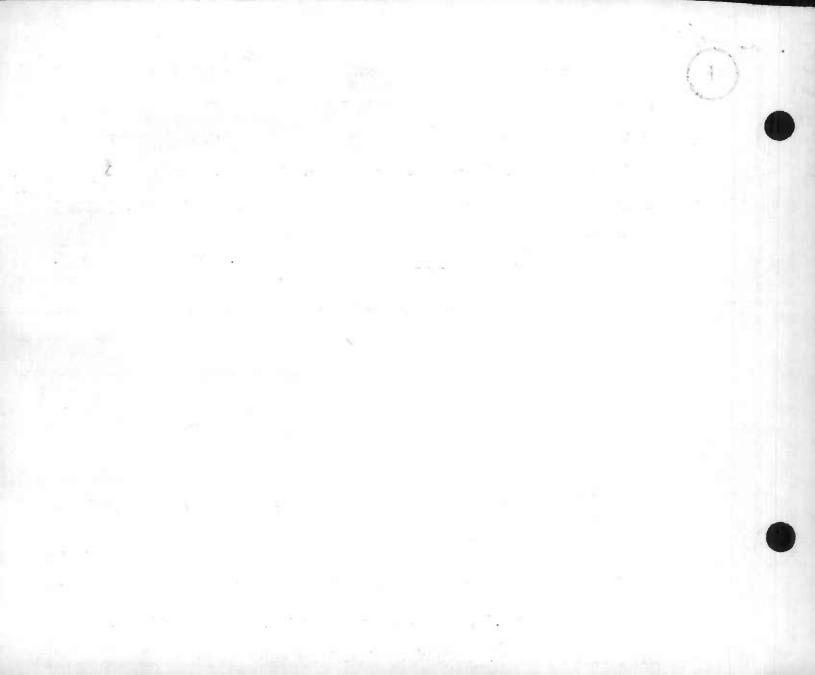
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+	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO.	0 5 6 4
	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
	ERNA	E	METH	JANUARY 18,19	IV.
3. SE		4. RACE	JULY 3,1907	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	EMALE INTHPLACE (STATE OR FOREIGN	WHITE		77 YRS	THE OF REAL PROPERTY.
1.0	ERMANY	USA	MARRIED NEVER MARRIED	DATESTIONE OF	OLINERY
	ITY OR TOWN OF DEATH		WIDOWED X DIVORCED (BALTIMORE CO	125. KIND OF BUSINESS OR
-	PIKESVILLE		L. CENTER NURS. HO	ME DEPT. MANAGER	
13e. 5	IARYLAND 136.COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13c. CITY OR TO BALTIMO	ORE YES X NO	5507 STUART AV	
14. EA	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME	CTMON
140.3	MARTIN WAS DECEASED EVER IN U.S. A	LEVY RMED FORCES? 1166, SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRESS	SIMON
		216-14-	-7497 RROOKLYN	AUL M. METH 82 DO	
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	nly one couse per line for (a), (b), o		STASTASU	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N.	cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	OUE TO, OR AS A CONSEQ	OUENCE OF	rminal disease or condition G	IVEN IN PART 1101
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\bigcup \text{NO} \qu
CAL CERT	2]a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH		URRED (ENTER NATURE OF INJURY IN ITEM 18	
WED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E. FARM ETC.)	CITY OR TOWN	COUNTY STATE
1		nital) attended the deceased from 12 20 19 ob) view the body after death.	8 1	on death occurred on the date and ha	, 19 , that #r (we) last our and from the causes stated
	obove. (M (we) (did n	at) view the body after death.			
	22b. SIGNATURE	ot) view the body offer death.	DEGREE ATTENDING PHYSICIAN		22c DATE SIGNED 1/19/85
	27b. SIGNATURE	CAPRINI) SIXEE	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	1/19/85

DHMH - 16 50M 4/B3 (VRA 15, 4)

REISTERSTOWN RD. BALTIMORE, MD (21215)

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STATE OF MARYLAND	000	See		
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	9	~	1	
CERTIFICATE OF DEATH				

1.	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYC	REG. NO).	0 3	0 3
	CEASED NAME FIRST		MIDDLE		IAS1		MONTH	DAY YEAR	26 HOUR
(144)	Madelie Madelie	ne (Mad	leline)	C.]	Metzger	January	16,	1985	M
3 SE	× Female	4 RACE White	J - 7	S. DATE O	of Birth 11 11 1899*	6. AGE LIN YEARS LAST BIRT		IF UNDER LYEAR	IF UNDER 24 HRS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY) COUNTRY) CO., Md.	76 CITIZEN OF USA	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore CITY OF	COUNTY		MD.
	ssex 21221		HOSPITAL, NURSIN		OR OTHER INSTITUTION	Housewrie of	ON WORKING LIF	12b. KIND OI	F BUSINESS OR
USU 13a	AL RESIDENCE (IF NURSING HOME CALL)	NIY CIMORE	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13 STREET ADDRESS / 825 WOOD:		Ave. 2	1221
14 F/	William H.	Carback	LAST		15. MOTHER'S MAIDEN NA Marys Th	ME nelen MIDDLE	1/	LAST	
	NAS DECEASED EVER IN U.S. A YES, NOOR UNKNOWN) (IF YES, G	RMED FORCES?	215 50		George J. Mc	etzger, Husb		Same	
TION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, O (c) CONDITIONS CO	R AS A CONSECUTE PLEASE DITRIBUTING TO E	PEATH BUT		AR MY THE	ZCZZ DITION GIV	EN IN PART 110	
CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH REGENT 1984 Mitestine				metin	200 AUTOPSY? YES NO D	IN CERTIF YE		
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	AIR	FINJURY M. MONTH DA M.	YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 P	ART 1 OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE LAT HOME STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
	sow the deceased alive o above, (1) (we) (did) (did n	10.21	1. 8 4 10	,	nd that in (my) (aux) opinion	deoth occurred on the do	te and hou		that (I) (we) last couses stated
	22h SIGNATURE		nun	nen	PHYSICIAN [MEDICAL STAF	IAN 🗌	1/17	
	SSG BRISH STAME AND				Baltimore	e MD 212			
230 (BURIAL, CREMATION, REMOVA	1/19/	85 Sa	lcred	EMETERY OF CREMATORY Heart of Jesu				STATE
-	uzdzinski Fune	ral /one	PA 1407	old E	Eastern Ave J	AN 1 8 1985	Sb. REGIST	RAR'S SIGNATI	mondelde

DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event

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F	1.	FOR - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 5 1 (00566
deod deod		CEASED NAME FIRST DOR!	S B.	MILLER	JAN- 19	7, 1985 2b. HOUR
ge 4 may b ector, page rs ofter dea	3. SE	× F	RACE W.	5. DATE OF BIRTH DOCC 27, 1923	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
nerol dir.	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76. CITIZEN OF WHAT COUNTRY?		9. BALTIMORE CITY OR COUNTY BALTIMORE	,
by the functiled within	10. C	BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS! IFARA RA	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKIN C/ERK	GUFE) 12b. KIND OF BUSINESS OR INDUSTRY STORE
filled in ould be	13a.	AL RESIDENCE (IF NURSING HOME OR STATE 13b, COUN Md. BAL		IN 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 3128 WAIIF	ind Rd 2122
mpletely ond 2 sh	14. F.	STEPHEN	MIDDLE OLSEN	15. MOTHER'S MAIDEN NA AGNE		MECLEAN
on and co			MED FORCES? 16b. SOCIAL SECU Z17-16-4	IRITY NO. 17. INFORMANT	IER 3128 WAI	IFORD Rd.
th certificate by maing physicia corbon popers or remayal.		PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), an D BY: TE CAUSE (a) DUE TO, OR AS A CONSEQUI			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the alea d by the atte lease remove ial, cremation or other troum		Canditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEOU	ENCE OF 1 Tumor of	the Long	- 2 years
I signe Then p to bur njury,	NO	PART 2 OTHER SIGNIFICANT	conditions contributing to	DEATH BUT NOT RELATED TO THE TERM	Jema	GIVEN IN PART 1(0)
ysicion. icote hos beer ronsit permit. Hygiene prior 18 shows ony i	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
ng physici certificate priol-tronsit ental Hygi		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.		RRED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
attending the property of the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	PARM, ETC.)	CITY OR TOWN	COUNTY STATE
ATENDIA pital or CTOR: A for use of Healt		sow the deceased alive on	attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	, and that in (my) (our) apinion	death accurred an the date and	, 19 3, that (I) (last have and from the causes stated
PITAL OR A by the hos ERAL DIREC be detached State Dept. ANT: If hem		22b. SIGNATU +	5. Denze	DEGREE M. P. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
TO HOSPITAL etoined by th TO FUNERAL should be det with the State		DR. Levis	GRENZER	101 N. CA	IVERT ST.	
BP	B	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OF CREMATORY PARKWOOD CEM.	PARKVILLE B	AlTIMORE Md
MH - 16 50M 4/B2		UNERAL DIRECTOR	7527 Hackey	1 P. 1	TE REC'D. BY REGISTRAR 25% REC	STRAR'S SIGNATURE

243 EL NEE N = 25/823 PARTINGER COUNTY STATE OF STATE THE THE TENNER OF THE STATE OF EVER BERTHER HOLDER TO A STEEL STORE

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alti - Security Security The I call The med 1905 of Williams of the Market Carlot C Tenti 1/23/05 Cectiont alti e et, ...,la it. 11 1 (21 .e. c. 1t., c 111

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0 3 0 0

0	1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	D.		
- 1		CEASED NAME FIRST		MIDDLE	,	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	(1146	VEOR	(-5		7115	115R	JANUARY	18 198	5	M
	1 SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	HDAY) IF UNI	DER 1 YEAR	IF UNDER 24 HRS
	5)ALS	WHIT	5	SP	1.00 1.00	85	YRS	DATS	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O		EATH	
1		RMANY	0.5.6	9.	WIDOWE		Battimos	RE Cour	TY	MD.
И	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	120 USUAL OCCUPATI		KIND OF	F BUSINESS OR
	103	wson	/ VAUS	1 Visw (TURS	ing Home	SSLF-SMF		MUNS	R-DELS
1	5UA 13a S	AL RESIDENCE (IF NURSING HOADTATE) 1136 @	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS		4 3 1	
1	\bigcap	ARYLAND		BALTIMOR		YES 🗶 NO 🗌	7207 HAI		DAD	21234
2	14. FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		LAST	
4	1	-REDERICK		JUELLSR		BARBARA			ORF	F
0		VAS DECEASED EVER IN U.S	S. GIVE WAR OR DATES	166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRE	SS		
4	1	10		31807 17	131	+AMILY	RECORDS			
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er only one couse per	live for (a), (b), and	Ici.l	1'a natu	117	CT . 42.7	BETWEEN	MATE INTERVAL DINSET AND DEATH
1			DIATE CAUSE (o)	HEULI M	40cm	rains orga	iam .			7.
	Н		DUE TO, O	R AS A CONTEQUE	NCE OF	1 4 4 4				
	6	Conditions, if any, which gove rise to immediate		They	100	unn				
		couse (o), stoting the underlying couse fost	e DUFTO O	R AS A CONSEQUE	NCE OF			2.00		
			(c)							
	z	PART 2 OTHER SIGNIFICA	NT CONDITIONS <u>CO</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	inal disease or con	DITION GIVEN IN	I PART 110	
9	CERTIFICATION	190 DATE OF OPERATION	19h COND	ITION FOR WHICH (OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WE	RE FINDIN	IGS USED
11	IFIC	Carl States					YES NOT	IN CERTIFYING		
-	18	210 ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCUR			OR PART 2)	NO L
1	AL C	OR CONTRIBUTING CAUSE O	OLAIN	M. MONTH DA	Y YEAR					
	MEDIC	216 INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION			OUNTY	
- 1	¥	NOT WHILE AT WORK	(AT HOME STI	REET FACTORY, OFFICE, FA	RM ETC)	STREET	CITY OR TO	WN C	OUNIT	STATE
	9	22a 1 certify that (I) (this h	iospital) attended th	ne deceosed from			, to	. 19		that (I) (we) lost
	K	sow the deceased alive above, (1) (we) (did) (di	e on	after death	, ог	nd that in (my) (our) opinion	death occurred on the do	ote and hour and		
		22b. SIGNATURE	a non view the body	offer deoffi.		DEGREE			22c. DATE S	SIGNED
		(0 /	111 1	1.6).		ATTENDING PHYSICIAN	MEDICAL STATE	FIAND		
-			COUL I							
		224 PHYSICHAN'S NAME (T	-100	D		22e ADDRESS			- 1	
		DR.C. ELIAR	-100	RA			FORD RO	a0 - Pa	RKV	115
		DR.CELIAR JURIAL, CREMATION, REMO	YPE OR PRINT) E. PARR	231 N	AME OF C		FORO RO	AO-PAI	rkvi	115
		DR.CELIAR	YPE OR PRINT) E. PARR	2 1985 PA	AME OF C	7122 HAR	FORD RO	AD-PAI	akvi	ARYLAND
	B	DR. CELIAR URIAL, CREMATION, REMO SPECIFYL	YPE OR PRINT) E. PARR	2 1985 PA	AME OF C	220 ADDRESS 7122 HAR EMETERY OF CREMATORY 1000 CS M.	FORO RO	AO-PAI	0-0	ARILAND URE

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT, If hem 21 is mu

	i	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	0 5 7 2
		OR PRINT) HARY	Gertrude	MUELL ER	20 DATE OF DEATH MONTH 1/20	/85 11:30AN
	3 SEX	(4 RACE	5. DATE OF BIRTH		IF UNDER I YEAR IF UNDER 24 HRS
	F	remale	White	Feb. 13 1889	95 YRS	MONTHS DATS HOURS MIN.
500	7a BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	
9	M	aryland	USA	WIDOWED TO DIVORCED	BALTIMORE CO	DUNTY MD.
1		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION ADDRESS)	12a. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR
100		WSON	GBMC 6701 N	CHARLES ST.	Homemaker	
35	13a S Ma	TATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW IMORE TOWSON AKA Muelles	YES NO DE	136 STREET ADDRESS / ZIP CODE 7001 N. Charle	
1830)	Balthersalt	MIDDLE LAST	£10(7	MIDDLE	Mueller
e medical		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 213-28-	RITYNO. 17 INFORMANT 1747 Frederick	F. Mueller, 140	
injury, ar ather traumatic event,	ION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	STIVE HEART FAI	LURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH EN IN PART 110
ky dans and	CERTIFICATION	190 DATE OF OPERATION	19b, CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\text{NO} \)
tem 18 s	-	2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	21¢ HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART LOR PART ?}
0	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
		220. I certify that (I) (this hasp	ital) attended the deceased fram	1/19 , 19 85 35 , and that in (my) (aur) apinian	, to 1/20 death accurred an the date and hou	19_85_, that (I) (we) last r and from the causes stated
1		226 SIGNATURE	1) Fant	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	1 /20/85
MPORTANT			. FAWCETT MD	GBMC 6		ST TOWSON
		CONTRACT OF BUILDING A STREET, CARROLL STREET, CO. C.	23b DATE 23c N	AME OF CEMETERY OR CREMATORY	23d LOCATION	
	73e 8	Buria)	7.	uid Ridge Cem.	Pikesville I	Balto. Md.

I well a ıtı — III - -TEO IS SELECT Sermon Dellai, Harri. J. E. E. will E ver on, luvi. Estanta d. filled in by the funeral director

FOR STATE REGISTRAR
1 DECEACED MAN

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA

L	HYGIENE	0

	REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO.				
	DECEASED NAME (AKA) S	ister M	ary Mod	lecta	AST	20. DATE OF DEATH		DAY YEAR	26 HOUR		
	Anna	Ma		M	fullen	January	28,	1985	м		
3	SEX	4 RACE	100,000	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST	BIRTHDAY	MONTHS DAYS			
	Female	White		Aug	ust 18,1902	82	YRS.	MONIHS DAYS	HOURS MIN.		
7	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	HAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH			
1	New Jersey	USA		WIDOWE	D DIVORCED	Baltimo	e Cou	nty,	MD.		
1	CITY OR TOWN OF DEATH Towson	11. NAME OF HO		G HOME OF S	01 W. Joppa acred Heart	TYPE OF WORK FOR MOS		126 KIND C INDUSTRY Reli	gious ord		
		OTHER INSTITUTION GIVENTY		ADMISSION)	Motherhouse 13d INSIDE CITY LIMITS? YES NOX	1001 W.	Joppa	Road,	21204		
4		MIDDLE	Mullen		Marie	ME MIDDLE		DeW	an		
1	60 WAS DECEASED EVER IN U.S. AR	MED FORCES? 16	b SOCIAL SECUI	RITY NO.	17 INFORMANT	ADD	RESS		21204		
L	No	2	20-54-5	5420	Motherhouse	e,1001 W.	Joppa	Rd, To			
	18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one couse per lin	e for (0), (b), and	dicest					MATE INTERVAL ONSET AND DEATH		
		TE CAUSE (o)	crimany	trai	Timpection, a	hrome		30	m		
		DUE TO, OR AS A CONSEQUENCE OF									
1	Conditions, if any, which		71-04								
	couse (a), stoting the										
	underlying couse last.	- 36									
	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIV	EN IN PART 1	°n		
	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	righteral	vascul	ar du	serse, recu	went ce	lluly	100	Copowan		
4	M DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES	S, WERE FINDI	OF DEATH?		
4	T T				A STATE OF THE STA	YES NOK	YE	S 🗌	NO 🔲		
		216 TIME OF I		Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF TH	JURY IN ITEM 18	PART OR PART 2)			
	S LIF EITHER NOTIFY MEDICAL EXAMINER		- Contractor	19	1.			War.	1		
	OR CONTRIBUTING CAUSE OF DE-	21e PLACE OF	INJURY OFFICE FA	ARM ETC.)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE		
1	AT WORK NOT WHILE			_			-				
	220 I certify that (1) (this hosp	(//.	deceased from_	011	19 57	topre	sen	19	that (We) lost		
1	sow the deceased alive on above, (1) (we) (did) (and no	view the body of	ter death.		nd that from (our) opinion o	death occurred on the	dote and hou				
1	226. SIGNATURE				DEGREE ATTENDING	MEDICAL SI	AFF	72t. DATE	SIGNED		
	10				PHYSICIAN L	DIRECTOR PHYS		12/11	83		
1	224 PHYSICIAN'S NAME (TYPE C	OR PRINT)			22e ADDRESS	Maria San					
1	Richard	Habersat			7600 Osler	Drive, To	wson,	Maryl	and 2120		
2	30. BURIAL, CREMATION, REMOVAL	236. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE		
	Burial	1/31/8	5 Co:	nvent	Cemetery				Marylan		
2	14 FUNERAL DIRECTOR Julas	to Was	augos	***	250 DAT	B 0 5 1985	R 256 REGIS	RAR'S SIGNA	andella :		
F	Lemmon-Mitche	II-Wiede	teld, 10	W. F	'adonia Rd!	0 0 1303		7,400	å		
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QHMH - 16 60M 7/84

TO FUNERAL DIRECTOR After should be detected for use as with the State Dept of Health

retained by the haspital or attending physicia

BP.

(VRA 15. 4)

MEDRIANT

1 , 5 the second of th o well that the same of the sa out 120 Willy, Tao - ametican file Total and the state of the stat And the state of t TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR STATE REGISTRAR			DEP	ARTMENT OF H CERTIF	EALTH AND I		SIENE	REG. NO).	0	
1. DECEASED NAME	WYX/	VIIIX	AN	Muu	MULL	EN	2a DATE OF	01	MONTH	4 85	2b. HOUR
3. SEX Femo	ele 1	White		S. DATE C		YEAR 18	6 AGE (INYE	67	YRS_	MONTHS DAYS	R IF UNDER 24
70. BIRTHPLACE (STATE COUNTRY) Maryland 10 CITY OR TOWN OF		U.S.Z		MARRIEI WIDOWE URSING HOME C	- hand	VORCED	Balti Balti 12a USUAL C	more OCCUPATION	Coun	126 KIND	OF BUSINESS
Towson USUAL RESIDENCE (IF	11.80	Stel	la Mar	is Hospi	ce		Agent				rance
Maryland 14 FATHER'S NAME FIRST Daniel 160 WAS DECEASED B	F (1) 12	nore H.		n		MAIDEN NA	13e STREET A 205 ME	E. JO MIDDLE G. ADDRESS	ppa	Rd. 21	204 son
(YES, NO OR UNKNOWN		WAR OR DATES		1-4172			Mullon			me as #	120
	immediate toting the ouse last.	ONDITIONS C	ONTRIBUTING	SEQUENCE OF	NOT RELATED	TO THE TERM	AINAL DISEASE	OR COND	DITION GI	IVEN IN PART 1	0
19a DATE OF OF	. (01-			HICH OPERATION	RMED	IN CERTIF			ES, WERE FIND IFYING CAUSE (ES]	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO	
OR CONTRIBUTING (IF EITHER NOTIFY 21d INJURY OCH WHILE N	CAUSE OF DEATH	P 21e. PLACE	.M. MONTH .M. OF INJURY	MONTH DAY YEAR			IRRED (ENTER NATURE OF INJURY IN ITEM 18 F			PART I OR PART 2)	517
220.1 certify the	220.1 certify that (II) this hospital attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19							-	. that II) we e causes state		
	34-4 B	21111	804	1 1 1 1			T CIRCLES			11/4	-/-
FAW	KNER	, KE	ENDA	. 17\\ U	220 ADDRES	S2300	Dila	PHYSICI		AF S	4/00
22d. PHYSICIAN FAU 230. BURIAL, CREMATI (SPECIFY) Cremation	KNER	1		23c NAME OF C	22e ADDRES	S2300	DIRECTOR DULG	PHYSICI	olle-1-0	COUNTY	arylar

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

DHMH - 16 60M 7/84

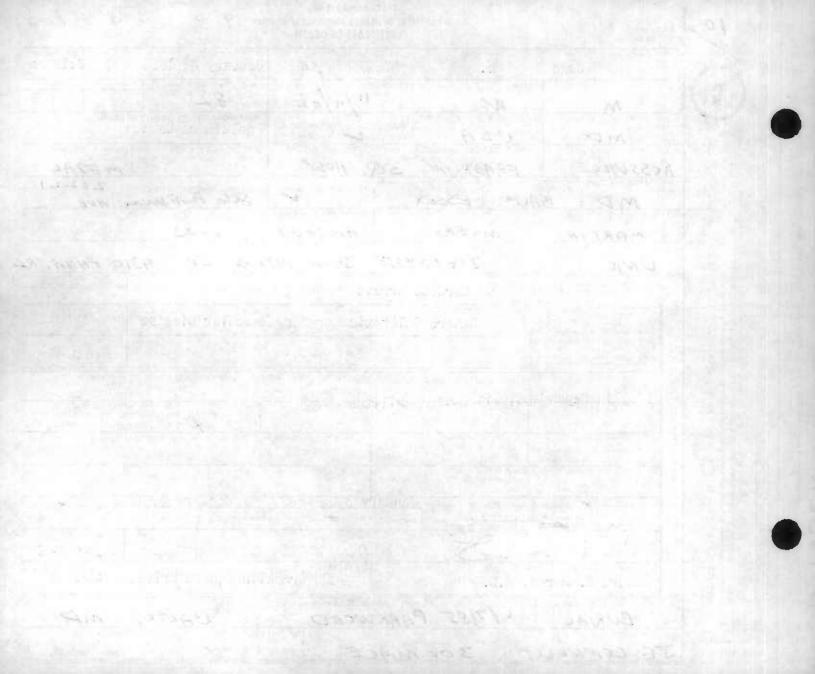
(VRA 15, 4)

etoined by the hospital or attending physician

Affilia to the Wall of the De Walley Charles But Service Mortage Commission Commis PARTIES TO THE TOTAL PROPERTY STANDARD A Line and a Link was a super-

10/	1 -	STATE REGISTRAR	DEPARI	CERTIFICATE OF DEATH	REG. NO.	9 7 7 3
-		CEASED NAME FIRST John	M.	MYERS SR	January 4, 1985	3:19 a
(C)	3 SE)	Λ	4 RACE	5. DATE OF BIRTH MONTH 11 / PAY / OZ		IF UNDER LYEAR IF UNDER 24 HRS.
16		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore County	OF DEATH LY MD.
		OSSVILLE	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE FRANKLIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY METAL
199		AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION) NN 13d. INSIDE CITY LIMI YES NO		21221 MAVE
100	14. FA	THER'S NAME FIRST MARTIN	MYERS LAST	15 MOTHER'S MAIDE FIRST AMAND	n poss	LAST
Pages		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? 16b. SOCIAL SEC Z 16 03		MYERS JR, 9.	310 PHILA, RI
emoval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line for (01, (b) o D BY: Cardia TE CAUSE (0)_	c Arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
other traumatic		Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQU		ry Vascular Disease	
t permit. Then ple ene prior to burio	CERTIFICATION	PART 2. OTHER SIGNIFICANT INSULIN DEPENDENCE OF OPERATION		Meliditus performed	IN CERTIF	EN IN PART 110 , WERE FINDINGS USED YING CAUSES OF DEATH?
intol Hygie lem 18 sha		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN ITEM IS PA	
rked or h	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	A SECURITION OF THE PARTY OF	CITY OR TOWN	COUNTY STATE
of Healt		sow the deceased plive or	January 4 19 with the body ofter death.	January 3 , 19 & 85 , ond that in 1971 (our) on	35 to January 4. I	, 11101,214 (110)1031
oerache tote Dept		Polite N	m S		NG MEDICAL STAFF AN DIRECTOR PHYSICIAN	Jun 4/85
should be de with the Stote		Robert E. Mor		22e ADDRESS 9000 FY	ranklin Square Drive	21237
ods FIM		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE /7/85 23c	PARK WOOD.	CITY OR TOWN ALTO,	COUNTY MC STATE
iom 4/83		UNERAL DIRECTOR SAME CONNEL	LY 300		DATE REC'D. BY REGISTRAR 256. REGISTI	RAR'S SIGNATURE

STATE OF MARYLAND



/	6	1.	FOR STATE				NENT OF H	EALTH	AND MENTA		5	0 0	5 7	6
1	49	Ĺ	REGISTRAR	FIRST	MEI		XAMINE		ERTIFICATE		KEG.			- 1
			CEASED NAME PE OR PRINT)	FIRST		WIODLE			LAST	2	OF ESTI-		DAY YEAR	26 HOUR
	S S S S S S S S S S S S S S S S S S S	3 SE	v 14.5	WAR	REN 13. DATE OF BIRTH	S.	AGE (IN YEAR		ERS		DEATH MATED	□ 1-7-		M
	# (# T	1		405	MONTH DAY	YEAR	LAST BIRTHDAY				RONOUNCED			2d HOUR
de	302	-	IRTHPLACE (STATE	au.	9 15	43	41 YRS		1		DEAD BALTIMORE CITY	1-7-		8:55/
0	HERE	FC	OREIGN COUNTRY)		U.S.A.	AT COURT			perated	RRIED	Baltimore	_		
	22 S	ID C	ITY OR TOWN OF D		11. NAME OF HOSE	PITAL NURS		OR OTHE		DRCED 12a USU	AL OCCUPATION (T		176 KIND OF BL	MD.
	A HARINA	F	ssex		Franklin	ILITY, GIVE STR	EET ADDRESS)			FOR MI	OST OF WORKING LIFE)		OR INDUST	RY
-	3 TO SELA	USU.	AL RESIDENCE HEIN		OR OTHER INSTITUTION GIV	E RESIDENCE BI	EFORE ADMISSION	۷) ,			chologis	st-stk	ate or	Ma.
2120	ANY DELAY IS AND 3 TO THE REFAIL PAGE REFILE	130 8	Md.	Balt		Ba]	lto.	- 27	YES NO		ET ADDRESS 2 Margle	enn A	ve. 21:	206
MD.	H 78.23	14. F	ATHER'S NAME		MIDDLE	LA	AST		IS. MOTHER'S MA		MIDDLE		LAST	
	100		James		R.	My	ers		R.		Irene		Tambur	0
TIMO		160.	WAS DECEASED EV		WED FORCES? WAR OR DATES)	-	AL SECURITY	55	17. INFORMANT		ADDRES			14.7
BALTIMORE	JRS AFTER DE B. GIVE PAGE WITH FORM F. PAGES DIVISION		no			216-	-42-42	253	James R	. Mye	rs 6202	Marg		
ST.,	MAN WAR		18 CAUSE OF DE PART I DEATH	WAS CALICED	ly ane cause per line :			- 6 1					APPROXIMAT BETWEEN ONSE	I AND DEATH
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3	AIN TRA		gave rise t cause (a) stat	ng the under-	DUE TO, OR	AS A CONS	EOUENCE OF	F						
201	EXA SAL ON,		lying cause la	st.	(c)									
RECORDS,	EXECUTE OF THE ANALYSIS WATER		PART 2 OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATE	D TO THE TERMIN	AL DISEASE	OR CONDITION GIVEN IN	PART I (d).				
ECO	MED BE AS AS AS AS AS AS AS AS AS AS AS AS AS	TION	190. DATE OF OPE	LACITAG	I to a contract									
	HIEF USED OF HI	CERTIFICATION	1190. DATE OF OPE	KATION	196. CONDIT	ION FOR W	HICH OPERA	TION W	AS PERFORMED?				HEAD O	NLY)
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DIVISION OF VITAL	SE SE SE SE SE SE SE SE SE SE SE SE SE S	ALC	UNDERLYING CONTRIBUTING	OR CAUSE OF D	DEATH 6HO35AM	WONTHY !	85 YEAR	sel	f/inflic	ted	ATURE OF INJURY IN ITEM	**		
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٥	HIS (WRI)	2	AL TYONK AL	WORK X	1 .	ing" it		Fran	ik'i in Squ	are Ho	spital E	ssex;	Mary I an	d STATE
	ATE, T ORW ORW FE ST AD, 3		220. I certify the	at I taak charg	e of the remains desc	ribed door	AD ONL	- K. Japan	X Inspec	tian .	Inquiry	and in my api	inian	
	MINISTER FINANCE FOR THE FINAN		death resulted fr	om: Natur	al causes .	Accident [, Suici	ide X.	Hamicide	. Undeter	mined manner	,		
	MAR.	15	ACTUAL	Auto	n- On (N 10)		TITLE (SPECIFY)			0.00		
	SHAN SHAN		SIGNATURE,	MON	le llone	Mell			Assistan	tMEDIC	CAL EXAMINER	DATE	1-7-	85
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 H EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM PAGE 4 SHOULD BE FORWARDED TO THE CHIFF MEDICAL EXAMINER ALON TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURBAL. TRANSIT PER AFIRE DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIEN BARTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL	1	EXAMINER'S NAM	Mar Mar	garita A.	Kore	11, M.C		DDRESS	11 Pen	n Street			
	PAGE PAGE	23o. B	URIAL, CREMATION		3b. DATE	23c. NA	ME OF CEME		CREMATORY	23d. LOC	ATION		TH.	
07/84	BP	Cr	remation		1-8-85	Gre	enmou	int	Cem.	Ba	lto.	COUN	M	d.
25M	DHMH - 17	24 F	UNERAL DIRECTOR		ACICIRESS				25a. DA	TE REC'D BY R	REGISTRAR 256 PE	ISTR BOSS	enaturand	مالا
	(VR A15 ME (5))	J	ohn C. N	liller	Inc. 64	15 B	elair	Rd		JAN 9	1900			

Transfer of the large case by safety to will be a Charlette M The or a real challenger and the control of the

1	1 -	STATE REGISTRAR	DEPARTN	CERTIFICATE OF		REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH MONI	TH DAY YEAR 2b. HOUR
		STEVE	J. n. cs	NAGY 5. DATE OF BIRTH	JR	1/13/85 AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1 YE AR IF UNDER 24 HR
	3. SE	Male	White	April 8,	1913	71	MONTHS DAYS HOURS MIN
with.		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8		9 BALTIMORE CITY OR CO	
1/1	(Penna.	U.S.A.	MARRIED NEVER	MARRIED U	BALTO COU	NTY
16	10. CI	TOWSON	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, ST JOSEPH H	(DDRESS)	STITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Inspector —	RKING LIFE) 126. KIND OF BUSINESS O
ad Solution	130 S	31 1 1 00 1 11 10		m 13d INSIDE	CITY LIMITS?	13. STREET ADDRESS / ZIP 11508 HARF	ORD RD 21057
30	14 FA	Steve	J. Nagy		rs maiden nam	WIDDLE	Bacsics
medicol		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES) 16b SOCIAL SECU 215-36-		Q.T.	en Arm ADDRESS Nagy 11508 H	Maryland arford Rd. 21057
c event, the		PART I. DEATH WAS CAUSE	TE CAUSE (a)	ESPIRATOI		WFFICENCY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
njury, or other troumotic		Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE		AL PULM	ON ARY THRONG	TO EMBOUSIN
injury, o	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATE	D TO THE TERM	IN AL DISEASE OR CONDITIO	ON GIVEN IN PART 11a
shows ony	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERF	ORMED	20a. AUTOPSY? 20b	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES M NO
hem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DA	Y YEAR	NJURY OCCURR	RED (ENTER NATURE OF INJURY IN II	TEM 18 PART I ORPART ?)
morked or t	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F.	211. LOCAT STRE		CITY OR TOWN	COUNTY STATE
21 is mo		22a I certify that 💢 (this hasp saw the deceased alive ar	ntal) attended the deceased fram	, and that in (my	, 19	, to death occurred an the date a	, 19 , that (I) (we) lo
IT: If hem		278 SIGNATORE 3	Gus.	DEGREE	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
IMPORTANT:		REYNALDO DI	RJUELA-GOMEZ	22e ADDRE	SS		
7		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	Jan 17 1985	AME OF CEMETERY OF	CREMATORY	23d LOCATION CHYOR TOWN Baltimor	e Maryland
/B3		INERAL DIRECTOR NAME Leonard J. Rucl	r. Inc. Beltimor	e, Maryland		E REC'D. BY REGISTRAR 25b. F	

STATE OF MARYLAND

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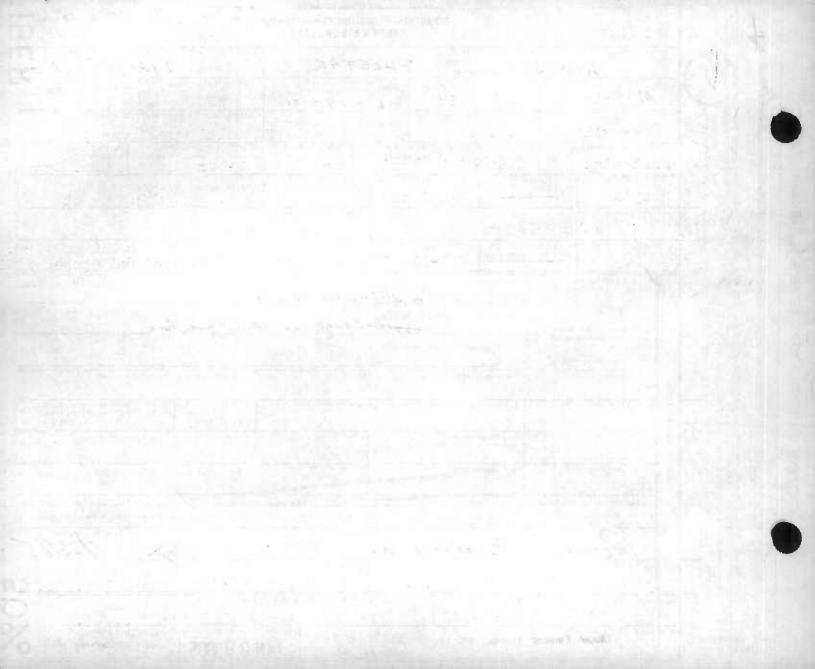
G) 1.	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	CONTRACTOR OF THE PROPERTY OF THE PARTY OF T	5 7 9
I. DE	CEASED NAME FIRST	NETTE V.	NEVINS	REG. NO. 120. DATE OF DEATH MONTH DA JAN. 28,1	1985 26. HOUR
3. SE	×	4. RACE	5. DATE OF BIRTH	43 YRS.	FUNDER : YEAR IF UNDER 24 H DNIHS DAYS HOURS M
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? USR	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTO. COU	
(Cm)	ODLE RIVER	(IF NOT IN SUCH FACILITY, GIVE STREET 2/05 SVNN	YTHORN	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	
13a.	MP. 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY ALTO MIDDLE R	N 13d. INSIDE CITY LIMITS? YES NO P	130 STREET ADDRESS 2105 SUNNYTHE	21220 PRN
NE CO	EDWARD	TRACEY	15. MOTHER'S MAIDEN NA	ADDRESS	LAST
	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV		17 INFORMANT ROBERT	7.007.000	ABOVE APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
any injury, or other traumotic	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2: OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUI	NCE OF DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	
8 shows any injur	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO YES	
MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE- CIFEITHER NOTIFY MEDICAL EXAMINED	HOUR A.M. MONTH D.	AY YEAR 19 21t LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PAI	-03
W	sow the deceased alive on	tol) attended the deceased from _ 19 _ 19 iview the body after depth.	November 19 18	4. 10 January 1 death accurred on the dots and hour	9.555, that (I) (we) I and from the couses stated
MPORTANT: # #em	22d PHYSIGIAN'S NAME (TYPE OF	ralla. Ling	DEGREE ATTENDING PHYSICIAN [224 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	1/30/85 more, MD, 212
230	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	1/2.1-	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN BALTO, ME	
/82	UNERAL DIRECTOR J. G. CONNEL	17 300 ADDRESS	n ACE JA	TE REC'D. BY REGISTRAR 25 REGISTS	AR'S SIGNATURE

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16 Brooksbury De. Apt 10 ²¹¹	V	nsoferatel	.c. 32	id. Bel	
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STATE OF MARYLAND

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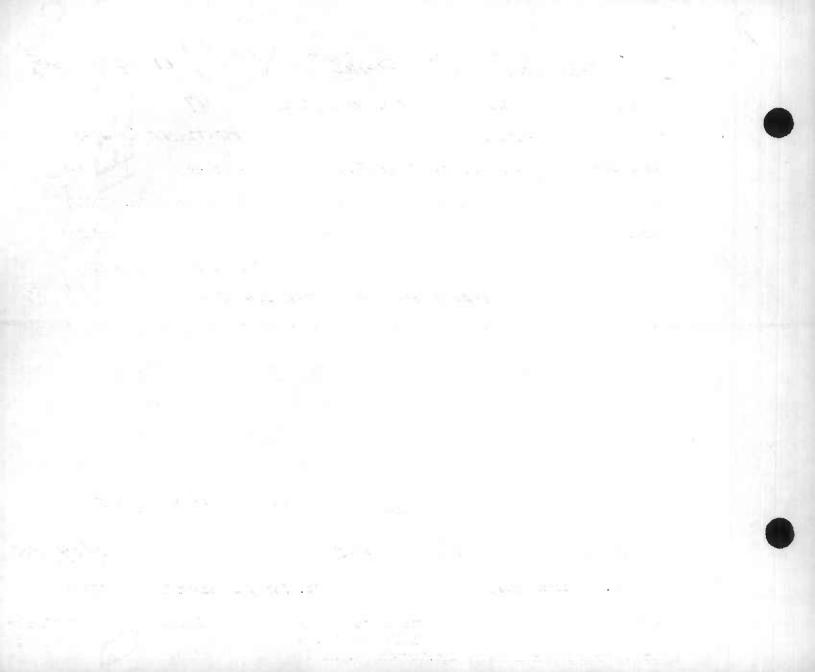
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FOR STATE REGISTRAR			DEPARTA	AENT OF I	E OF MARYLAND BEALTH AND MENTA FICATE OF DEATH		IENES 5 0 C) 5 8	8 3
. DECEASED NAME	Felix		MIDDLE	Pan	LAST		20. DATE OF DEATH MONTH D	85 YEAR	2b. HOUR A. M
SEX	licii i	4 RACE	rite	5. DATE (73 O	0		IF UNDER 1 YEAR	IF UNDER 24 HRS
Spain		U.S.t		WIDOWI			Baltimore County		MD.
Eastpoin	t	1478 su	carsdale	Read	OR OTHER INSTITUTIO	Z	120 USUAL OCCUPATION (TYPE OF ORK OR MOST OF WORKING LIFE	DUSTRY	Corp.
USUAL RESIDENCE (13b BOUN	inore	GIVE RESIDENCE BEFORE	nt N	13d INSIDE CITY LIM	xx	13.45 Scarsdale R	ead 212	224
4 FATHER'S NAME		AIDDLE	Pan		15. MOTHER'S MAID FIRST	ENNAA	WIDDLE ?	LAST	
(YES, NOW LINKNOV		MED FORCES? WAR OR DATES)	090-14-		Julia L.	Pan	418 Scarsdale Rd	. 21224	+
PART 2 OTHER	o immediate stating the couse lost.	DUE TO, O		NCE OF	NOT RELATED TO THE	E TERMI		, WERE FINDING	IGS USED
	AS UNDERLYING G		M. MONTH DA		21c HOW INJURY C	CCURR	YES NO YES		OF DEATH?
21d. INJURY O	Y MEDICAL EXAMINER) CURRED NOT WHILE AT WORK	21e. PLACE	M. OF INJURY REET, FACTORY, OFFICE, F.	19 ARM_ETC.)	21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
sow the dobove (1) 22b. SIGNATUR 22d. PHYSICI. Jose Ar	eceosed of web (did mo)	view the body		MD	ATTEND PHYSIC 220 ADDRESS 7838 Ea	ING (X	medical STAFF DIRECTOR PHYSICIAN D	22c. DATE S	
4 FUNERAL DIRECT	crial	23b. DATE 1-17. & Son S		ak La	2!	4	23d. LOCATION CITY OF TOWN CASAWOOD, BOLTO ERECD. BY REGISTRAN 230 REGIST	·Co. Mo	DEAR STANK

24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

1						Felix
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TENDING PHYSICIAN: The law

TO HOSPITAL

1	1		FOR
ı	ı	-	STATE REGISTRAR
b		FA	FACED NIA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEL

NE	5	5	0	0	• 7	8	A1
		DEC NO					,

11	- STATE REGISTRAR				CERTII	ICATE OF DEATH		REG. NO	O.		
	ECEASED NAME	FIRST		WIDDLE		LAST	2a. DATI	OF DEATH	MONTH DAT	YEAR	26 HOUR
	CONTRIBUTI	WILL	IAM	T.	PAR	KER			1 1	85	2:30P M
3 SE	EX		4. RACE		5. DATE (6 AGE	(IN YEARS LAST BIR		UNDER I YEAR	
	Male		Bla	ack	MONT 7	31 1898	86		YRS.	NIHS DAYS	HOURS MIN.
	BIRTHPLACE (STATE			F WHAT COUNTRY	? 8		9 BALTI	MORE CITY O		FDEATH	
0	COUNTRY)		DATE	USA	WIDOW	NEVER MARRIED	BAL	TIMOR	E COU	NTY	MD.
10.0	CITY OR TOWN OF	DEATH		F HOSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION		AL OCCUPATI			OF BUSINESS OR
	OWSON		GBMC	6701 N.	CHAF	RLES ST.	Sel	f Empl	oyed	INDUSTRY	
130	STATE Md.	13b COU	ito.	13c. CITY OR TOV Phoeni	VN	134 INSIDE CITY LIMITS?	13e STRE 220	Pape		l Rd	21131
14 F	ATHER'S NAME		WIDDIE	LAST		15 MOTHER'S MAIDEN N		WIDDLE			
30	Jacob		H.	Parke	r	Alvert	ta	WIDDLE		Eď	wards
	WAS DECEASED EV			P 166 SOCIAL SEC	URITY NO.	17 INFORMANT	7	ADDRE	SS		
/	(YES NO OB UNKNOWN)	(IF YES, GI	VE WAR OR DATES)	220-18	-4986	Mrs.Mary	E.Pa	rker 2	200 P	aper	Mill Ro
	THE CAUSE OF DE	ATH Enter of	nly one couse n	er line for (a), (b), a	ndic					APPRO	XIMATE INTERVAL LONSET AND DEATH
-	PART I. DEATH	WAS CAUSE	D BY: TE CAUSE (o)_	CARCIN		1010				DELANETIN	ONSET AND BEATH
z		use lost.	(c)_		DEATH BUT	NOT RELATED TO THE TER	RMINAL DIS	EASE OR CON	DITION GIVEN	IN PART 1	10
1 6	190 DATE OF OPE					N WAS PERFORMED		UTOPSY?	20b. IF YES, V	A/EDE EINID	NICC LICED
CERTIFICATION	196 DATE OF OPE	KATION	170 CON	DITION FOR WHICE	OPERATIO	IN WAS PERFORMED	YES [IN CERTIFYII	NG CAUSE	S OF DEATH?
//	210. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DE	ATH HOUR	OF INJURY A.M. MONTH D	DAY YEAR	21c. HOW INJURY OCCU	URRED (ENTE	R NATURE OF INJUI	RY IN ITEM 18 PAR	I I OR PART 2)	
EDICAL	21d. INJURY OCC			E OF INJURY	17	211 LOCATION					
ž	WHILE NOT	WHILE	(AT HOME	STREET, FACTORY, OFFICE	FARM ETC)	STREET		CITY OR TO	WN	COUNTY	STATE
HA		(I) (this boso	(tal) attended	the deceased from.	12	/211 10 8	84	1/1	10	85	that (I) (we) lost
	sow the dece	eosed olive or		1/1 19	85	nd that in (my) (our) opinio	on death occ	urred on the do	ote and hour o	nd from the	
	obove, (I) (we	e) (did) (did no	ot) view the boo	dy after death.		DEGREE					GEIGNED .
	×	4	Ja	west tow	0	ATTENDING PHYSICIAN		AL STAF		11	1/84
	22d. PHYSICIAN'S	NAME (TYPE	OR PRINT)			22e ADDRESS	4 M	OLIADA 6	CCT	TOL	CON MD
	DR. R	ALPH '	W. FAW	CETT		GBMC 670	1 N.	CHARLE	20 01,	1030	SON MD
	BURIAL, CREMATIC	,	236. DATE	23c.	NAME OF C	EMETERY OR CREMATORY		OCATION CITY OR TOWN		OUNTY	STATE
- 37	Bur	lal	1/5/8	35 GO	ugh l	JN Ch. Cem.	. C	ockeys	ville	JATT	nd.

BP.

TO FUNERAL DIRECTOR: After

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If Item 21 is marked at Item 18 shows any injury, at other traumatic event, th should be detached for use as the burial-transit permit. Then please remaye carban paper with the State Dept, at Health and Mental Hygiene prior to burial, cremation, ar remayal.

> 74 FUNERAL DIRECTOR
> Chatman-Harris FH 1701 McCulloh St.

Cem.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURBLES

ALLERY M.

TO SUIT OF THE STATE ST.

BISCT MENTONAD

WITAGETTO CARCINGING AROSTATE

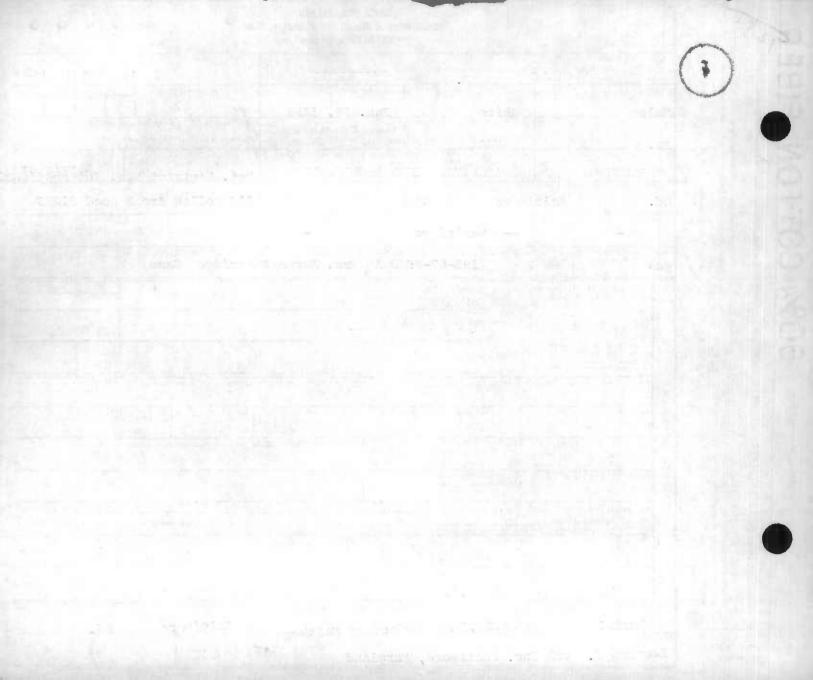
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מג. זגעיים ז. באספדים ביותר והצים הקסיו ה. באגמעים פין, ייטובוא אם

YT HUGS SHOMIT-INS

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12	1	FOR STATE REGISTRAR			DEPARTM	NENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5	0 () 5	8 6
(.		CEASED NAME	FIRST		MIDOLE	Į.	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
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ou a	3 SE	Х		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF L	INDER I YEAR	IF UNDER 24 HRS.
s of	Ma	le	77779	White		Jan	. 28. 1898	86	YRS	THS DAYS	HOURS MIN.
Pour Pour		IRTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?	8	M NEVER MARRIED	9 BALTIMORE CITY C		DEATH	
n 72	Pa	COUNTRY		USA		WIDOWE		BALTIMORE	COUNTY		MD.
er d		ITY OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL, NURSIN		R OTHER INSTITUTION	12a USUAL OCCUPAT	ON	126 KIND OF	BUSINESS OR
s off	2	TOWSON	- 51				DICAL CENTER		ict Mar	INDUSTRY Hai	rvister
filled in ould be f	USU 13a Md	AL RESIDENCE (IF NURS	136 COUN Balt	OTHER INSTITUTION NITY	134 CITY OR TOWN	aomission) N M	13d INSIDE CITY LIMITS?	1314 HOLLOW		Road 2	21093
mpletely and 2 sh	14. F	ATHER'S NAME		MIOOLE P	artridge		15 MOTHER'S MAIDEN NAM	WE	G at	LAST	
oe execute in and car Pages]	160. y∈	WAS DECEASED EVER			16b. SOCIAL SECU 195-07-88		17 INFORMANT Mrs. Norma Po	artridge S	ame		380
rificate by physicio		18 CAUSE OF DEATH PART I. DEATH W		ily ane cause per D BY: TE CAUSE (a)	CARDIAC A	ARREST				APPROXIM BETWEEN O	NATE INTERVAL NSET AND DEATH
death cei		Canditions, if ony,		DUE TO, O	R AS A CONSEQUE		SIS			3 DA	YS
that the d by the lease remindly, cremor or ather to		cause (a), statin underlying cause	g the last	(c)	r as a conseque						
equires in signe Then p in to bur	, NO	PART 2 OTHER SIGN	HEICANT (conditions <u>co</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART IIa	
iction. siction. site has been not permit. ygiene prio	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO NO	20b. IF YES, WIN CERTIFYIN YES [G CAUSES	GS USED OF DEATH? NO [
ICIAN: TI g physicii errificote ial-tronsii ntol Hygi em 18 sh	466	21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	1111	M. MONTH DA	YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM IB PART	T OR PART 2)	
G PHYS attending er this c s the bur t and Me	MEDICAL	21d INJURY OCCURR	ILE 🗍	21e PLACE	OF INJURY REET, FACTORY, OFFICE FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
TENDIN ortal or TOR. Afti for use or of Health		22a I certify that (I) saw the decease above, (I) (we) (c	(this hospi			1/1: 85	d that in (my) (aur) opinion o	, ta1/18 death occurred on the d	, 19,		hot (I) (we) last auses stated
SPITAL OR ATTACHED TO BE DESCRIBED BE DESCREDED TANT: If Hem.	1	226 SIGNATURE	R.	de a	nell	N		MEDICAL STA	F IAN 🛣	22c. DATE S	18-85
HOSPII bined by FUNER ould be th the St		TIMOTHY		ONNELL,	M.D.		22e ADDRESS 6701 -N. CH	HARLES ST.	21204	5	
of of white of the office of t	230	BURIAL, CREMATION,				NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
BP		Burial		Jan.22	,1985 Gar	denc	of Poits	Baltimo		Md.	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR BONATE J. 1	Ruck .		1000000		230 DAII	RECD. BY REGISTRAR	25b. REGISTRA		
(410, 13, 4)				Dai	crimore, 1	ary 1	2710	U			



3	SH	FOR STATE REGISTRAF		135280	44
	100	1. DECEASED NA	ME	FIRST	

LIYPE OR PRINTS

DEPARTMENT OF HEALTH AND MENTAL HYGIENI CERTIFICATE OF DEATH

PATTERSON

S DATE OF BIRTH

DECEMBER 31

MONTH

WIDOWED

STATE OF MARYLAND

DAY

REG. NO 2a DATE OF DEATH MONTH 7b HOUR 4:50 AM JANUARY 28, 1985 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR 1909 75 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED DIVORCED BALTIMORE COUNTY NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY POST OFFICE MATI.MAN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 952 BURNETT DRIVE/21012 15. MOTHER'S MAIDEN NAME

USUAL RESIDENCE (IF NURSING TOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION, 136 COUNTY 13c. CITY OR TOWN MARYLAND ANNE ARUNDEL ARNOLD

MIDDLE

(IF YES, GIVE WAR OR DATES)

A.

4 RACE

LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

V.A. MEDICAL CENTER

ALBERT

Th CITIZEN OF WHAT COUNTRY?

WHITE

U.S.A.

Patterson 16b. SOCIAL SECURITY NO

17 INFORMANT

Nettie

YES X

CLINICAL RECORDS, VAMC, FORT HOWARD, MD 215 07 5517 YES W.W. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) RESPIRATORY ARREST DUE TO OR AS A CONSEQUENCE OF (b) CARDIOVASCULAR ACCIDENT Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a

WAS DECEASED EVER IN U.S. ARMED FORCES?

LEROY

MALE

BIRTHPLACE (STATE OR FOREIGN

O. CITY OR TOWN OF DEATH

FORT HOWARD

MARYLAND

FATHER'S NAME

IYES, NO OR UNKNOWN)

Harry

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

HOUR A.M. MONTH DAY YEAR

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

CITY OF TOWN

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [

Sands

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED NOT WHILE

21 ACCIDENT WAS UNDERLYING

190 DATE OF OPERATION

P.M 21e PLACE OF INJURY

220 I certify that (X(this hospital) attended the deceased from JANUARY 24

21b. TIME OF INJURY

(AT HOME STREET FACTORY OFFICE FARM ETC.)

211 LOCATION

200 AUTOPSY?

COUNTY to TANHARY 28 _19___85_, and that in (my) (aur) apinian death accurred an the date and hour and fram the causes stated

saw the deceased alive an __JANUARY 28 226 SIGNATURE

23a. BURIAL, CREMATION, REMOVAL

DEGREE 27e. ADDRESS

ATTENDING

19 83

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 274 DATE SIGNED 1/28/85

CERTIFICATION

22d PHYSICIAN'S NAME CLYPE OF PRINTI TOMMY HSU, M.D.

VAMC, FORT HOWARD, MD 21052 23c. NAME OF CEMETERY OR CREMATORY 234 LOCATION

(SPECIFY) Cremation

1/30/85

Westview

CITY OR TOWN Baltimore 250. DATE REC'D. BY REGISTRAR 256. PEGISTRAD'S SIGNATION

COUNTY

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR Duda-Ruck, Inc. ADDRESS 7922 Wise Avenue

23b. DATE

Dundalk, MD. 21222

Marvland



FOR STATE REGISTRAR		DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT	H	0 (5 8
I. DECEASED NAME (TYPE OR PRINT)	FIRST	MIDDLE	LAST	20. DATE OF DEATH	H MONTH DAY	YEAR 26. HOUR
1	Edmund	Fredrick	PFEFFER	SR January	28, 1985	8:25
3. SEX	4. R/	ACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAS	T BIRTHDAY) IF U	NDER I YEAR IF UNDER 25
1 M		W	10/31/19	63	YRS.	SEE RES
OUNTRY)	>,	USA	MARRIED NEVER MARRI	Baltimor	Y <u>OR</u> COUNTY OF Te County	DEATH
BOSS VILL		NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS) SOLUTION HOSP	ON 12a USUAL OCCUP	OST OF WORKING LIFE)	126 KIND OF BUSINES INDUSTRY WEST, ELL
USUAL RESIDENCE (IF		P INSTITUTION GIVE PESIDENCE				21221 AVE
FATHER'S NAME RICH	ARD		15. MOTHER'S MAIL FIRST MAR	DEN NAME MIDDL		LAST
0 160 WAS DECEASED E			SECURITY NO. 17. INFORMANT		DRESS	
THES, NO OR UNKNOWN	(IF YES, GIVE WAR	# Z/7	09 4683 MAMIE	: PFEFFER		ABOVE
Conditions, if gove rise to couse (o), s	toting the ouse lost	DUE TO, OR AS A CONS	EQUENCE OF	eart Failure		
	C	Chronic Rena	Insufficiency			
THE CALCULATION AND THE CA	ERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	IN CERTIFYIN	G CAUSES OF DEATH
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	OCCURRED (ENTER NATURE OF	INJURY IN ITEM 18 PART I	OR PART ?)
	T WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	7 00		OR TOWN	COUNTY STA
C) above #W/v	(e) (did) (ald had) vie	January 28		85 , to Janua opinion death occurred on th		d from the causes stat
22b. SIGNATURE	John	10 Au		CIAN DIRECTOR PHY		1/58/8
122d PHYSICIAN Step	hen Hicke	y, MD	9000 Fr	anklin Square	Dr., 212	237
Ode						

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8 (F)		FOR STATE REGISTRAR				RTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	REG. N		5 8 9		
9 E 4		OR PRINT	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	7 20/		
poge r deg	3. SE		AGMA	RACE E	3. P	HILLIF 5. DATE	OF BIRTH	6. AGE (IN YEARS LAST ARTHDAY) FUNDER LYEAR IF UNDER LYEAR OF UNDE				
ge 4		Female		Whit	e	Apr	il 11, 1908					
eoth Po		BIRTHPLACE (STATE OR FOREIGN COUNTRY)		76 CITIZEN OF WHAT COUNTRY? 8			ED NEVER MARRIED		re County	MD.		
by the f		Towson		St. Jo	HEACILITY, GIVES	TREET ADDRESS)	or other institution	TYPE OF WORK FOR MOST OF	OF WORKING LIFE) INDUST	of Business or RY edical		
illed to		AL RESIDENCE (IF NURSI STATE MD		B COUNTY Balto.		EFORE ADMISSION TOWN ON	13d INSIDE CITY LIMITS? YES NO 🔀	305 E.	ZIP CODE Joppa Rd.,	, 21204		
ed within	14 FA	THER'S NAME FIRST John	MIC	DOLE E	sennan z	ar	15 MOTHER'S MAIDEN N FIRST Mary	Eli z abeth	Edwa	LAST Ards		
xecut nd ce ges	16a V	VAS DECEASED EVER		ED FORCES?	166 SOCIALS		17 INFORMANT	ADDR		4.45		
be e		No			103 0	7 1081	Mrs. Fra	ink Carozza		ROXIMATE INTERVAL		
es that the death c ned by the attendir please remove cort urial, cremation, or ,, or other traumatic		Conditions, if ony, gove rise to imm cause (o), stofing underlying couse	ediote g the lost.	DUE TO, O	R AS A CONSE	QUENCE OF	NOT RELATED TO THE TER	Infan		No.		
he law requirence. on. has been signification to be prior to be any injury	CERTIFICATION	19a DATE OF OPERAT	82.7				N WAS PERFORMED	200 AUTOPSY? YES □ NO⊠	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES [DINGS USED		
KCIAN: T g physici entificate iol-trons natal Hyg fem 18 sh		21a ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH			DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART	2)		
offendin offer this is the bur h and Me	MEDICAL	21d INJURY OCCURR	E	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY, OF	FICE, FARM ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE		
ATTENDIN spitol or CTOR. Al for use of Meoli		sow the decease abave, (1) (1)					nd that in (my) (our) opinion	n deoth occurred on the d	ote and hour and from 1	the causes stated		
by the ho ERAL DIRE e detochec store Dept ant. If Item		226. SIGNATURE	460	Blut	edi	m		MEDICAL STA		1E SIGNED		
CO HOSPITAL etoined by the TO FUNERAL should be deto with the Store IMPORTANT:		A.H.	31	HILI	701			OSLER Z	r. Towses	n 21204		
BP		Burial, CREMATION, I SPECIFY)	REMOVAL	23b. DATE 1/26/	1		Meth, Ch.	23d LOCATION CITY OF TOWN Balto.	County,	MD		
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 Ft	INERAL DIRECTORH NAME 105 York	enry ' Road	W. Je		& Sons	CO. 250. DA	V 2.5 1985				

4905 York Road Balto., MD

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۱ -	STATE	
	REGISTRAR	

STATE OF M DEPARTMENT OF HEALTH

ARYLAND AND MENTAL HYGIENE	8	5		0	0	-	7	0
E OF DEATH		REG. N	٧٥.		d),			
2- DA	TE OF	DEATH	MINOM	DAY	VE	AD 7	L LIOID	

	1 -	STATE REGISTRAR					ICATE OF D			REG. NO.			
	I. DEC	EASED NAME	FIRST		MIDDLE	L	AST		2a. DATE OF D	EATH MONTH	DAY YEAR	26 HOU	R
1	(TYPE	OR PRINT)	Edwar	ď	J.	PH	HILLIPS,	Sr.	Janu	uary 28,	1985	11:1	5A,
) [3 SEX	(4. RACE	Maria I Alaa	5. DATE C			6. AGE (IN YEA	RS LAST BIRTHDAY)	MONTHS DAY		24 HRS
	M	ale	ED 3	Whit	е	2	26	1909		75 YR		HOURS	MIN,
1	7a BII	RTHPLACE (STATE O	R FOREIGN		WHAT COUNTRY?	8.				ECITY OR COU			
(3)		irginia	2011	U.S.	Δ	WIDOWE	D X NEVER M	ORCED	Bal	timore	County		M
		TY OR TOWN OF DI	EATH	11. NAME OF	HOSPITAL, NURSI	NG HOME C			120 USUAL O			OF BUSINE	
57	D	ossville	,		ich Facility, Give street lin Squa		osnita	1		OR MOST OF WORKIN		h. St	100
	USUA	AL RESIDENCE (# NU	RSING HOME OR	OTHER INSTITUTION	N, GIVE RESIDENCE BEFOR	E ADMISSION)							
5		aryland	Balt		Edgeme:			ио []Х	2901	Salish	oury Av	enue	2
	14. FA	THER'S NAME	4 - 50	WIDDIE	1AST		15 MOTHER'S	MAIDEN NAM	/E	WIDDLE		AST	
30	W	illiam			Phillip	s,Sr.	Ros				Giff	ord	
1		VAS DECEASED EVE			166 SOCIAL SECT	URITY NO.	17 INFORMAN	VT .		ADDRESS			
1	N	(ES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	213-07	-8042	Emili	ne D.	Lazze	eri S	Same as	13e	
		18 CAUSE OF DEA	TH (Enter on	ly ane couse pe	Small C	nd (c)					APPR BETWEE	NONSET AND	VAL
	CERTIFICATION	PART 2 OTHER SIGNATION OF THE PART 2 OTHER SIGNATION OF THE PART O			ONTRIBUTING TO				NAL DISEASE	SY? 20b. IF	YES, WERE FINI	OINGS USED	
2	IFIC								YES 🗆	NOLX IN CE	RTIFYING CAUS	ES OF DEAT	
7	ERI	71a. ACCIDENT WAS U	NDERLYING		OF INJURY		121c HOW INJ	URY OCCURR			18 PART I OR PART 2		,
	OR COMMENSURA		1	HOUR A	OUR A.M. MONTH DAY YEAR			on occom	ED I CLAICK LAWLE	ME ON BASON IN THE THE		}	
7		_	-					on occom	LD (ENICKNAIL	MC 07 1730 17 17 17 17 17 17 17 17 17 17 17 17 17			
9	DIC.	(IF EITHER, NOTIFY ME	DICAL EXAMINER	F	OF INJURY	AY YEAR	211 LOCATIO		ED (FAIRKANI				
7	MEDICAL	(IF EITHER, NOTIFY ME 21d INJURY OCCU	DICAL EXAMINER	21e. PLACE	P.M.	19			ED (ENTERNAL)	CITY OR TOWN	COUNTY		TATE
7	MEDIC	(IF EITHER, NOTIFY ME 21d INJURY OCCU WHILE NOT NOT NOT WORK AT WORK	DICAL EXAMINER RRED WHILE	21e. PLACE (AT HOME S	P.M. E OF INJURY TREET, FACTORY, OFFICE,	19 FARM, ETC)	211 LOCATIO STREET			CITY OR TOWN		SI	
7	MEDIC	CIFETHER, NOTIFY ME 21d INJURY OCCU WHILE NOT NOT WORK AT WORK 220.1 certify that	DICAL EXAMINER RRED WHILE VORK (this hosps)	21e. PLACE (AT HOME S	O.M. OF INJURY TREET, FACTORY, OFFICE,	19 FARM, ETC) Janua	211 LOCATIO SIREET	N . 19 <u>85</u>	to J a	CITY OR TOWN	COUNTY 8, 19_85	si, that My	ve) las
7	MEDIC	(IF EITHER, NOTIFY ME 21d INJURY OCCU WHILE NOT NOT NOT WORK AT WORK	DICAL EXAMINER RRED WHILE VORK (this hosps)	21e. PLACE (AT HOME S	O.M. OF INJURY TREET, FACTORY, OFFICE,	19 FARM, ETC) Janua 35 , ai	211 LOCATIO SIREET	N . 19 <u>85</u>	to J a	city or town	COUNTY 8. 19. 85 hour and fram t	si, that My	ve) las
7	MEDIC	(IF EITHER, NOTIFY ME 21d INJURY OCCU WMILE NOTIFY AT WORK AT W 220.1 certify that saw the decectabove (we)	DICAL EXAMINER RRED WHILE VORK (this hosps)	21e. PLACE (AT HOME S	O.M. OF INJURY TREET, FACTORY, OFFICE,	19 FARM, ETC) Janua 35 , ai	211 LOCATIO SIREET	, 19 <u>85</u> aur) apinion c	, toJa	On the date and	COUNTY 8. 19. 85 hour and fram t	st , that My w	ve) las
7	MEDIC	(IF EITHER, NOTIFY ME 21d INJURY OCCU WMILE NOTIFY AT WORK AT W 220.1 certify that saw the decectabove (we)	DICAL EXAMINER RRED WHILE VORK (this hosps)	21e. PLACE (AT HOME S	O.M. OF INJURY TREET, FACTORY, OFFICE,	19 FARM, ETC) Janua 35 , ai	211 LOCATIO SIREET	N 19 85 our) apinion of	, toJa	CITY OR TOWN Nuary 2 on the date and	COUNTY 8. 19. 85 hour and fram t	st , that My w	ve) las
7	MEDIC	CHE ESTHER, NOTIFY ME 21d INJURY OCCU WMILE NOT AT W 220.1 certify that saw the decectabove (we) 22b. SIGNATURE 22d. PHYSICIAN'S I	DICAL EXAMINER WHILE JORK J	21e. PLACE (AT HOME S	P.M. OF INJURY IREEL FACTORY, OFFICE, the despessed from y after death.	19 FARM, ETC) Janua 35 , ai	211 LOCATIO SIREET TY 16 and that in (A) (1) DEGREE A1 P 22e ADDRESS	, 19 85 our) apinion o	, to	On the date and	8, 19 85 hour and fram t	st , that My w	ve) las
7	23a E	CHE ESTMER, NOTHY ME 21d INJURY OCCU WHITE NOT NOT NOT NOT NOT NOT NOT NOT NOT NOT	DICAL EXAMINER IRRED WHILE (this hospir Seed olive on (did) (did) NAME (17PE O ON Mily	21e. PLACE (AT HOME S TO INCIDENT THE BOOK S	P.M. OF INJURY IREEI, FACTORY, OFFICE, the despased from y after death.	Janua B5 , an	211 LOCATION SIREET TY 16 DEGREE AP 22e ADDRESS 9000 CEMETERY OR C	n, 19_85 our) apinion o ITENDING HYSICIAN F	to Ja leath accurred DIRECTOR [n Squa	on the date and STAFF PHYSICIAN Te Dr.,	21237	st , that My w	ve) las
7	23a E	CHE ESTHER, NOTHY ME 21d INJURY OCCU WHILE NOT AT WORK 220.1 certify that (DICAL EXAMINER IRRED WHILE (this hospir Seed olive on (did) (did) NAME (17PE O ON Mily	21e. PLACE (AT HOME S TO INCIDENT THE BOOK S	P.M. OF INJURY IREEI, FACTORY, OFFICE, the despased from y after death.	Janua B5 , an	211 LOCATION SIREET TY 16 DEGREE A1 P 22e. ADDRESS 9000	, 19_85 our) apinion of ITENDING HYSICIAN Frankli REMATORY	n Squa	nuary 2 on the date and STAFF PHYSICIAN re Dr.,	21237	, that May we causes sta	we) las

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

DHMH - 16 50M 4/83 (VRA 15, 4)

7922 Wise Avenue Dundalk, MD. 21222

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Balto., MD

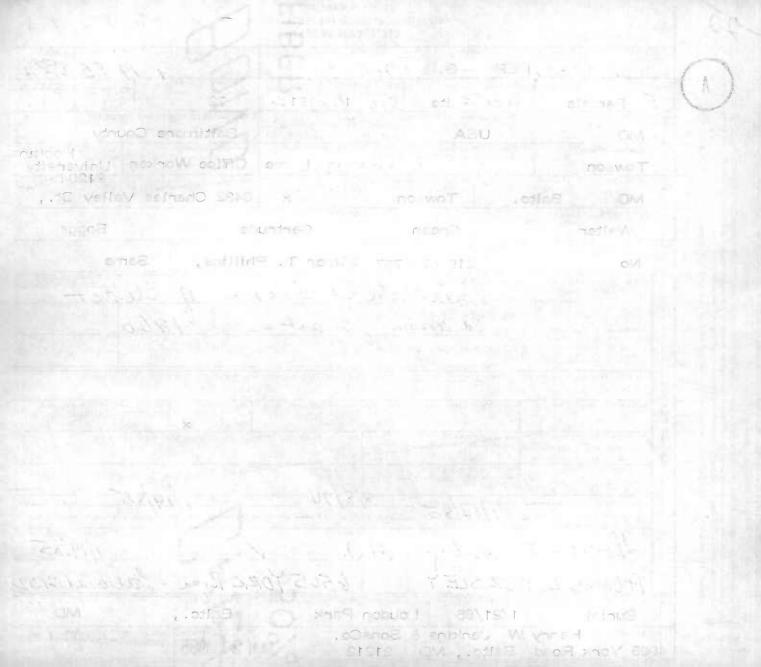
21212

4905 York Road

(VRA 15, 4)

STATE OF MARYLAND

FOR



1.		FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	592
Ļ		REGISTRAR FIRST	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
		OR PRINT) Jame	es W Pine, Jr.	6 1985 2b. HOUR
п	SEX Ma	le White	S DATE OF BIRTH NOTE OF BIRTH PAY 1 AGE (IN YEARS FUNDER YR. IF UNDER 24 HRS. 20. DATE MONTH LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD Jan.	8, 19 85 204M
7	o BIF	THPLACE (STATE OR SEIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNT	
		w Jersey	U.S.A. WIDOWED DIVORCED Baltimore Co	
		ddle River	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	OR INDUSTRY
i	ALISI	DESIDENCE HE IN NURSING HO	3539 Dahlia Lane Salesman	Hunt Manuf.
13	30. ST	ATE MD 13b. CE	Baltimore Niddle River yes No x 3539 Dahlia Lan	ie 21220
1		James W. Pi		.lson
10	Ye Y	AS DECEASED EVER IN U.S. S, NO. OR UNKNOWN) (15 YES.	ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT 602 Mill 752 to 1/54 148-18-9162 Doris R. Smith Millersy	wright Ct.
		18 CAUSE OF DEATH (Enter	er anly ane cause per line for (a), (b), and (b).	APPROXIMATE INTERVAL
	9	IMMEI	EDIATE CAUSE (o) Chronic of Muches and res lucture tung disease	4
ŀ	H	Canditions, if any, wh	which	
ı		gave rise to immed cause (a) stating the <u>uni</u>		
		lying cause last.	(c)	
		PART 2 DTHER SIGNIFICANT CONDITI	TIONS CONTRIBUTING AD DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0).	
0	CERTIFICATION	Curhot	40 of their	
	CAI	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
	RT	210. EXTERNAL CAUSE WAS	S 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PA	YES NO Y
		UNDERLYING OR		KI ZJ
	ě	21d INJURY OCCURRED	21e PLACE OF INJURY (ATHOME. 21f. LOCATION	
	¥	WHILE AT WORK AT WORK	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN CO	UNTY STATE
	V	' '	charge of the remains described obove, held an Autapsy L.J., Inspection L.J. Inquiry L.J., and in my ap Natural couses L.J., Accident L.J., Suicide L.J., Hamicide L.J., Undetermined manner L.J.,	himon
		-	Nue (SPECITY)	
1		ACTUAL SIGNATURE	JOSEPH O'DONOVOUS M.D. DEPUTY MEDICAL EXAMINER SIGNE	Jan. 8,'
		EXAMINER'S NAME (TYPE OR PRINT) J	J. Crossan O'Donovan ADDRESS 2112 Dundalk Ave., B	alt 21222
2:	30. BU	RIAL, CREMATION, REMOVA	ALI 23b. DATE 123c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION	
	(SF	Cremation	1/10/85 Westview Memorial Baltimore, Mar	
2		NERAL DIRECTOR	7922 Wise Ave. Balto. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S S	GIGNATURE
•	2116	100	peral Home of Dundalk Tro AN 14 1985	-fandell

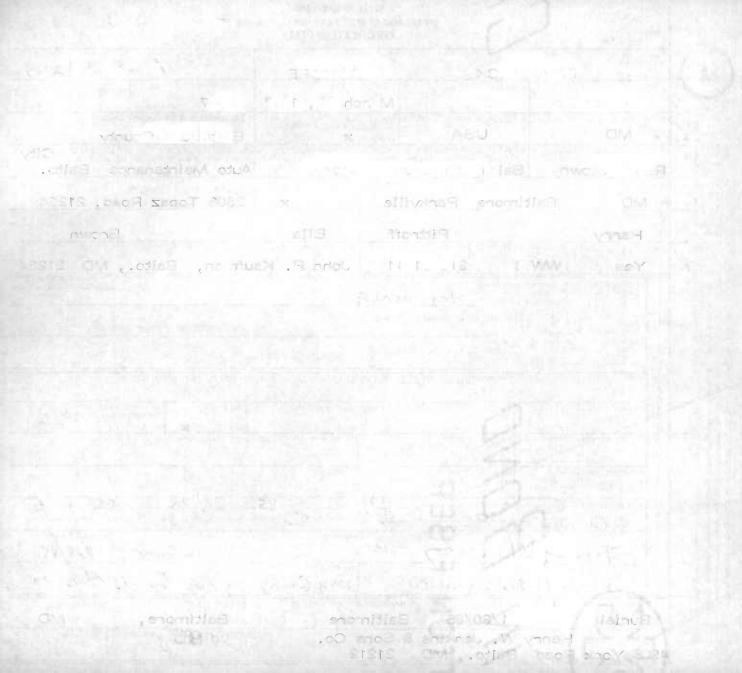
STATE OF MARYLAND

And Andrews

447		1-	FOR STATE REGISTRAR	Ţ			ARTMENT OF I	E OF MARYLAND BEALTH AND MENTA FICATE OF DEATH		REG. NO		0 5	9 3
	6.1		OR PRINT)	FIRST		MIDDLE		LAST	20	a DATE OF DEATH	4 .	DAY YEAR	26 HOUR
y b	(88 A)			RED	ERICK		.P				1 02		2015 M
Š,		3 SE	X		4 RACE			DF BIRTH		AGE (IN YEARS LAST BIRT	(HDAY)	MONTHS DAYS	HOURS MIN.
900	100		Male		White			ch 23, 18		87	YRS.		
eoth. Po	in 72 ha	81	RTHPLACE (STATE OR COUNTRY)	FOREIGN	76 CITIZEN OF	WHAT COUNT SA	MARRIE	D NEVER MARRIE	0 1	Baltimore		inty	MD.
01 s ofter o		201	andallstow		(IF NOTING SIE	HEACHITY, GIVE S	RSING HOME (TREET ADDRESS) OUNTY	or other institution General	(2a USUAL OCCUPATH TYPE OF WORK FOR MOST O Auto Main	F WORKING LIF	1110001111	alto.
AND 212	filled in rould be		AL RESIDENCE (IF NUR. STATE)	13b COU		GIVE RESIDENCE B	TOWN	13d. INSIDE CITY LIMI YES NO X		2803 Top			1234
BALTIMORE, MARYLAND 2 1	ond 2 sh	14. FA	Harry		MIDDLE	Pitt	roff	15. MOTHER'S MAIDE Ella				Brown	T
ORE,	od co		VAS DECEASED EVER		MED FORCES?	166 SOCIALS	SECURITY NO	17 INFORMANT		ADDRE	SS		
TIMO be e	Poge		Yes	WW	I	218 0	1 1167	John P.	Kau	ifman, E	Balto.	, MD	21234
201 W. PRESTON ST., B	d by the ottending phy ease remove carbonpo ial, cremation, or remov or other traumatic event		Conditions, if ony gove rise to im cause (o), statu	IMMEDIA' , which mediate ng the e lost	DUE TO, C	DR AS A CONSE	EQUENCE OF	9					
	non. those been signe in permit. Then prigner prior to bur hows ony injury, o	CERTIFICATION	19a DATE OF OPERA	TION	19b. CONE	DITION FOR WE	12 M	NOT RELATED TO THE		20a AUTOPSY? YES □ NO♠	20b. IF YES IN CERTIF YE	S, WERE FINDING CAUSES	NGS USED
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir	after this certificant of the build-from the build-from the one the build-from the one frem 18 s horked or frem 18 s	MEDICAL CE	210. ACCIDENT WAS UN OR CONTRIBUTING LIFETHER NOTIFY MED 21d. INJURY OCCUR WHILE AT WORK AT WO	CAUSE OF DE	HOUR A P 21e PLACE (AT HOME SI	.M. MONTH .M. OF INJURY REE1 FACTORY, OF	11-	211. LOCATION STREET	DCCURRED	CITY OR TO		COUNTY	STATE
SPITAL OR ATTEND	ined by the hospital of PUNERAL DIRECTOR: vide be detached for use in the Store Dept of Head ORTANT: if them 21 is many the store Dept of the ortants of the		22a I certify that (1 saw the decease above (IV/we) (22b. SIGNATUR	-			A4 1	DEGREE ATTEND PHYSIC 22e ADDRESS	DING	MEDICAL STAF	·F	r and from the	
9			Jett	zey (MERCUS	B MID		12476 Gree	mspr	ing Ave 1	Juspen	98 1 100	S 118 211
5	BP	23a £	BURIAL, CREMATION, (SPECIFY) Burial	, REMOVAL	1/3C		23c NAME OF C	TEMETERY OR CREMAT	TORY	23d LOCATION CITY OR TOWN Baltimo	ore,	COUNTY	MON
	AH - 16 50M 4/83	24 FI	UNERAL DIRECTOR	Henr	y W. J	lenkins	& Son	s Co.	Sa. DATE R	2 9 1985°		RAKS STONAT	ÜRE
	(MDA 15 4)	140	OF \$4. 1. 1		S 21	4 40	010	10	011		V		

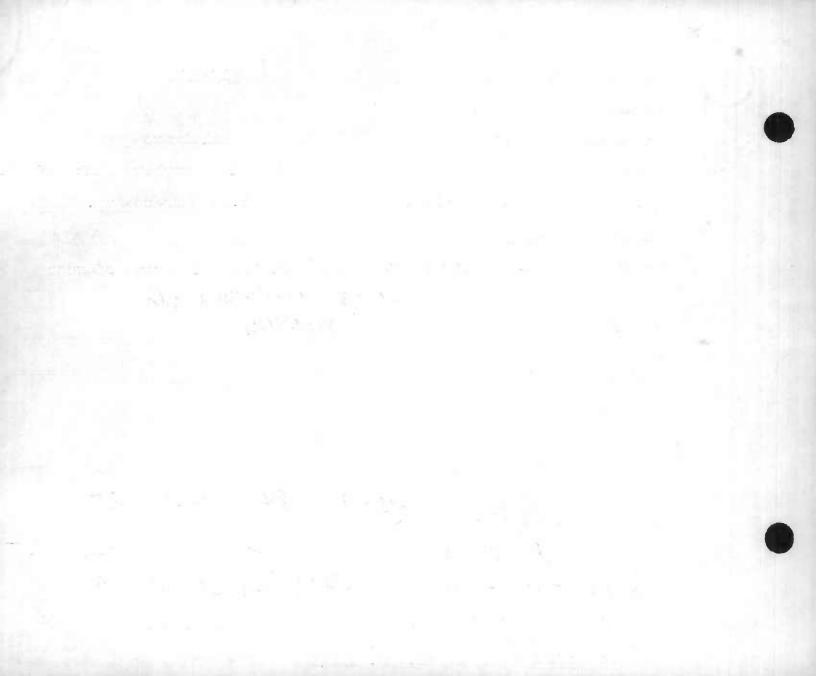
^{24 FUNERAL DIRECTOR} Henry W. Jenkinses Sons Co. 4905 York Road Balto., MD 21212

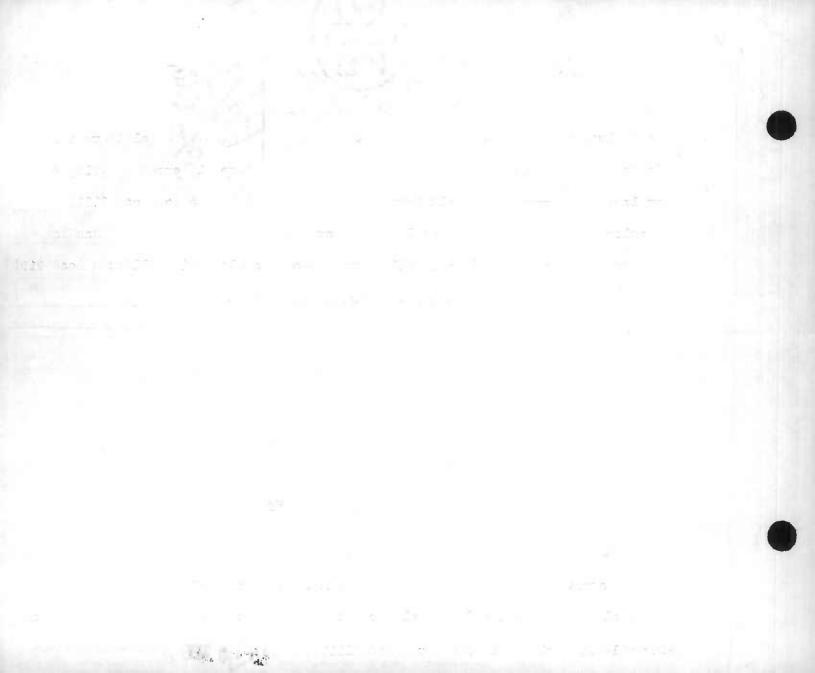
DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE





5	**	tes, pode 3 Tuffer death)
021201	hours after death. Pag	ad in by the funeral dieg	Other clerified at once

STATE OF MAKILAI	ND
EPARTMENT OF HEALTH AND M	ENTAL HYGIENE
CERTIFICATE OF DI	EATH

	REG. 1	NO.				
1	20 DATE OF DEATH	HINOM	DAY	YEAR	2b. HOUR	
		1 -	24	-85	18:1	01
1	6. AGE (IN YEARS LAST B	(RTHDAY)	IF UN	DER TYEAR	IF UNDER 24	HRS
			MONTH	S DAYS	HOURS	MUAA

E OR PRINT]	Ralph	В	Poist	
X	- 1	4. RACE	5. DATE OF BIRTH	Т
ma	10	ω	3 30	
SIRTHPLACE (S	TATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER M.	AR

9 BALTIMORE CITY OR COUNTY OF DEATH paltimore

CITY OR TOWN OF DEATH Baltimore DIVORCED

B. O.R.R. Account ant

Md.

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESPENCE BEFORE ADMISSION)
130. STATE
13b. COUNTY
13c. CITY OR TOWN Fullerton

Joseph's

13d. INSIDE CITY LIMITS? NO PA YES 🗍 15. MOTHER'S MAIDEN NAME

MIDDLE

21236

IN CERTIFYING CAUSES OF DEATH?

4 FATHER'S NAME Edward

FOR - STATE REGISTRAR DECEASED NAME (TYPE OF PRINT)

Poist

Ada 17 INFORMANT

Swartzbaugh 9119 Belair Rd.

ARMED FORCES 160 WAS DECEASED EVER IN U.S. yes Navy

Baltimore

MIDDLE

16h SOCIAL SECURITY NO

Mrs. Mildred A. Poist, Balto, Md. 21236 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and ic

ROIAL IN! ARCTION AYOUA PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF

Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse

190 DATE OF OPERATION

DUE TO OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED

21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED 21e. PLACE OF INJURY

NOT WHILE

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

(AT HOME STREET FACTORY OFFICE FARM ETC.)

NO YES [] 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

211. LOCATION STREET

CITY OR TOWN

22a I certify that (1) (the hospital) attended the deceased for sow the deceased alive above, (1) (we) did) (did and that in (my) (our) opinion death occurred on the date and haur and from the causes stated

22e ADDRESS

DEGREE

22b. SIGNATURE

ATTENDING

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D

22c DATE SIGNED

NO [

230 BURIAL, CREMATION, REMOVAL

23b. DATE 1-26-1985 23c. NAME OF CEMETERY OR CREMATORY Bel Air Mem. Gardens

Bel Air

Harford Md.

24 FUNERAL DIRECTOR

22d PHYSICIAN

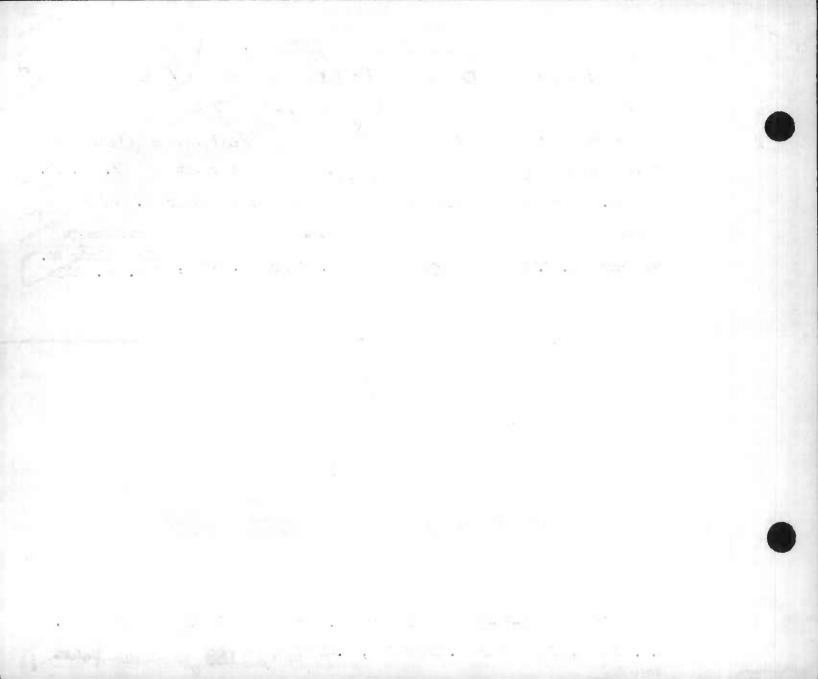
E.F.Tassahn, 11750Belair Rd. Kingsville, Md. 21087

DHMH - 16 50M 4/83 (VRA 15, 4)

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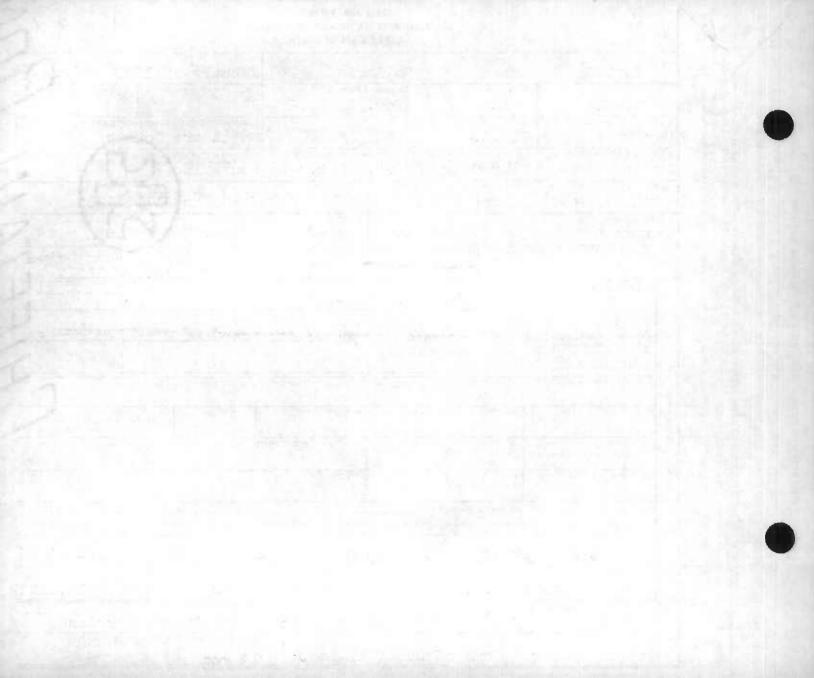
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CERTIFICATION



, MARYLAND 21201
, BALTIMORE
I W. PRESTON ST., BALTIMORE, MA
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201
SION OF VITAL RECORDS,
11/
VISION OF V
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			FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR 2b.
	3411)	Marie	I	Anna	Poll:	hein	January 2	0,1985	7.
12	3 SEX	and the second		RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDI	ERIYEAR IFU
		Female		White		· 11,1904°	80	YRS	
1	Ma	RTHPLACE (STATE OR FOR OUNTRY)	τ	J.S.A.	WIDOW		Baltimore City o	_	
/		TY OR TOWN OF DEATH				or other institution ., Apt.B-3	120 USUAL OCCUPATION OF WORK FOR WOSE OF WORK FOR WOSE OF WORK FOR WOSE OF HOUSEWIFE		KIND OF BU DUSTRY
	Ma Ma	ryland	Th COUNTY	imore Dun	nce before admission OR TOWN dalk	13d. INSIDE CITY LIMITS?	street ADDRESS /	#11) 2:	1222
1		THER'S NAME Sper	MIDE	Zeb	erlein	Anna FIRST	M. MIDDLE		nan
	NO NO	VAS DECEASED EVER IN	U.S. ARMEE		AL SECURITY NO	Elizabeth	Watson, Ba	59 Dine	een D:
		Conditions, if ony, v gove rise to immer couse (a), stating	which diote the		mee (Conjective Her	en failene f	renel H	aclina
	CATION	Conditions, if ony, v gove rise to immer couse (o), stoting underlying couse	which diote the lost.	DUE TO, OR AS A CO	DINSEQUENCE OF	V		DITION GIVEN IN	E FINDINGS
	TIFICATION	Conditions, if ony, v gove rise to immer couse (o), stoting underlying couse PART 2. OTHER SIGNIF	which diote the lost.	DUE TO, OR AS A CO	DINSEQUENCE OF	Conjectione Hes	<i>U</i> MINAL DISEASE OR CONL	DITION GIVEN IN	E FINDINGS
	AL CERTIFICATION	Conditions, if only, very gove rise to immercouse (o), storing underlying couse PART 2. OTHER SIGNIF 190 DATE OF OPERATION 210. ACCIDENT WAS UNDER OR CONTRIBUTING CALL	which diote the lost. FICANT CON REVING USE OF DEATH	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) DUITIONS CONTRIBUT 19b. CONDITION FOR 21b. TIME OF INJURY HOUR A.M. MOR	DIVISEOUENCE OF UNG TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE OR CONT	20b. IF YES, WER IN CERTIFYING YES	E FINDINGS CAUSES OF I
1	MEDICAL CERTIFICATION	Conditions, if ony, v gove rise to immer couse (0), stoting underlying couse PART 2. OTHER SIGNIF 190. DATE OF OPERATION 210. ACCIDENT WAS UNDER	which diote the lost. FICANT CON ON RIVING USE OF DEATH LEXAMINER)	DUE TO, OR AS A CO (c) DUE TO, OR AS A CO (c) DUITIONS CONTRIBUT 196. CONDITION FOR	DINSEQUENCE OF ING TO DEATH BU R WHICH OPERATION NTH DAY YEAR 19	T NOT RELATED TO THE TER	MINAL DISEASE OR CONT	20b. IF YES, WER IN CERTIFYING YES 14 YIN ITEM 18 PART LOS	E FINDINGS CAUSES OF I
1		Conditions, if ony, v gove rise to immercouse (o), storing underlying couse PART 2. OTHER SIGNIF 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER. NOTIFY MEDICAL 21d. INJURY OCCURRET WHILE NOT WHILE AT WORK NOT WHILE AT WORK 22a. I certify that (I) (I) sow the deceosed obove. (II) (we) (Idid	which diote the lost. FICANT CON DN REVING LEXAMINER) Dhis hospitol)	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) DUITIONS CONTRIBUT 196 CONDITION FOR 216 TIME OF INJURY HOUR A.M. MOT P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTOR	ONSEQUENCE OF ING TO DEATH BU R WHICH OPERATION NTH DAY YEAR 19 Y Y, OFFICE, FARM, ETC.) d from	T NOT RELATED TO THE TER ON WAS PERFORMED 21c. HOW INJURY OCCU 21l. LOCATION STREET 19 and that in (my) (our) opinio	200 AUTOPSY? YES NO RRED (ENTER NATURE OF INJUR	20b. IF YES, WER IN CERTIFYING YES 14 YIN ITEM 18 PART 1 OF	E FINDINGS CAUSES OF I N RPART 2)
17		Conditions, if ony, v gove rise to immercuse (o), storing underlying couse PART 2. OTHER SIGNIF 190. DATE OF OPERATION 210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRET WHILE AT WORK AT WORK 220.1 certify that (I) (the sow the deceosed obove, (l) (we) (did 22b. SIGNATOR)	which diote the lost. FICANT CON ON REYING DUSE OF DEATH LEXAMINER) D clive on d) (did not) vi	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) DUE TO, OR AS A CO (c) POTTIONS CONTRIBUT 19b. CONDITION FOR P.M. 21b. TIME OF INJURY HOUR A.M. MO! P.M. 21e PLACE OF INJUR (AT HOME, STREET, FACTOR offended the deceose iew the body after dear	ONSEQUENCE OF ING TO DEATH BU R WHICH OPERATION NTH DAY YEAR 19 Y Y, OFFICE, FARM, ETC.) d from	TNOT RELATED TO THE TER ON WAS PERFORMED 216. HOW INJURY OCCU 211. LOCATION STREET 19. ond that in (my) (our) opinio DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RRED (ENTER NATURE OF INJUR	20b. IF YES, WER IN CERTIFYING YES 14 YIN ITEM 18 PART 1 OF	E FINDINGS CAUSES OF I N RPART 2)
1		Conditions, if ony, v gove rise to immercuse (o), storing underlying couse PART 2. OTHER SIGNIF 190. DATE OF OPERATIO 210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL 210. INJURY OCCURRET WHILE AT WORK AT WORK 220. I certify that (I) (II) sow the deceosed obove, (II) (we) (did 22b. SIGNATOR) 22d. PHYSICIAN'S NAM	which diote the lost. FICANT CON DIN REYING USE OF DEATH LEXAMINER) D AE (TYPE OR PRI	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) DUE TO, OR AS A CO (c) POTTIONS CONTRIBUT 19b. CONDITION FOR P.M. 21b. TIME OF INJURY HOUR A.M. MO! P.M. 21e PLACE OF INJUR (AT HOME, STREET, FACTOR offended the deceose iew the body after dear	ONSEQUENCE OF ING TO DEATH BU R WHICH OPERATION NTH DAY YEAR 19 Y Y, OFFICE, FARM, ETC.) d from	TNOT RELATED TO THE TER DN WAS PERFORMED 21c. HOW INJURY OCCU 21l. LOCATION STREET 19 and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 12c. ADDRESS	200 AUTOPSY? YES NO RRED (ENTERNATURE OF INJUR	20b. IF YES, WER IN CERTIFY ING YES THE INTERNAL TO SEE THE INTERN	E FINDINGS CAUSES OF I N RPART 2) DUNTY , that from the cous 2c. DATH SIGN



FOR

- STATE

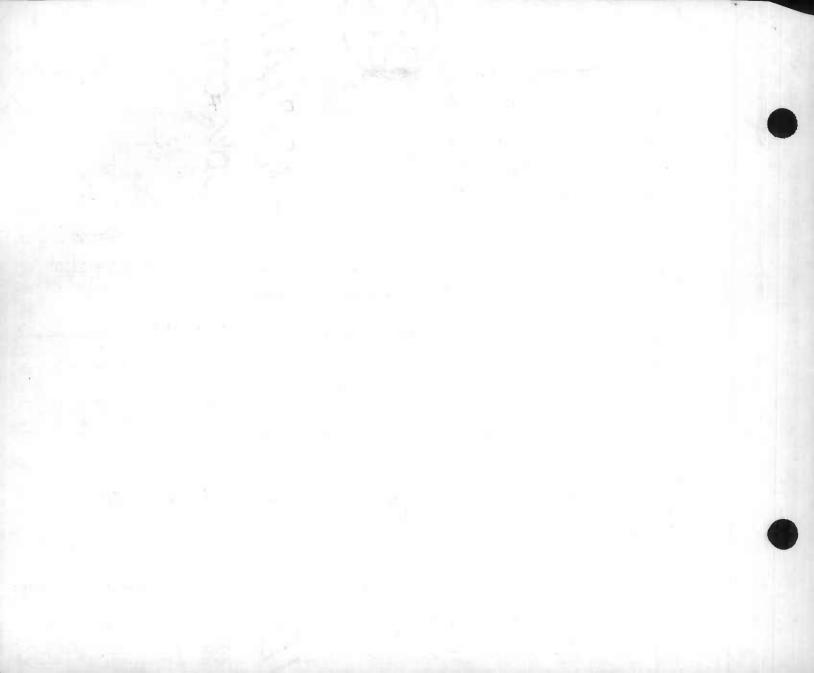
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 2a. DATE OF DEATH MONTH YEAR 26. HOUR 02 1.001 Pouroy 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS HOURS. MONTH 90 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWEDIX DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET DORESS) INDUSTRY Home Maker Home 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Lochearn 6721 Laurel Drive 21207 15. MOTHER'S MAIDEN NAME MIDDLE Swyers Jennie Robinson ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 168-50-4218 J. DeVere Pomroy 6721 Laurel Drive 21207 REEST DUE TO, OR AS A CONSEQUENCE OF ABNORMALITIES DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 MONTH DAY YEAR 211 LOCATION COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN | DIRECTOR PHYSICIAN E 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Venango CITY OR TOWN STATE Franklin Cemetery Sugercreek Burrough January 3,1985 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, INC.

DHMH - 16 50M 4/83

(VRA 15, 4)

8728 Liberty Road Randallstown, MD 21133-4784



11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTIO

DEPARTMENT OF HEALTH AND MENTAL

LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
//3WO	1-7-85 623
S. DATE OF BIRTH MONTH THE PROPERTY OF THE P	6. AGE (IN YEARS LAST BIRTHDAY) 12 UNDER 1 YEAR IF UNDER 24 HIS MONTHS DAYS HOURS MIN. 12 UNDER 1 YEAR IF UNDER 24 HIS MONTHS DAYS HOURS MIN. 12 UNDER 1 YEAR IF UNDER 24 HIS MONTHS DAYS HOURS MIN. 120. USUAL OCCUPATION 120. USUAL OCCUPATION 121. KIND OF BUSINESS OF WORKING LIFE; INDUSTRY
DMISSION) 13d INSIDE CITY LIMITS? YES NO S 15. MOTHER'S MAIDEN NAI ERST	130 STREET ADDRESS / ZIP CODE 206 N. BRANCH Rd 2122
Belle IIY NO. II INFORMANT Barbara D. Kott	Riseborough ADDRESS 206 N. Branch Road Baltimore MD 21222
rked Semso	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NCE OF	

Cor Con A A A A

		136 COUNTY		13c. CITY OR TOWN	134 INSIDE CITY L	IMITS?	13e STREET ADDRESS	ZIP CODE BRAN	ch 01	313
4. F.A	ATHER'S NAME	WIDDL	, 10.1	LAST	15. MOTHER'S MA	IDEN NA		SKATE	CI) IX	1 0010
	URBAR		7	RUE blood	Belle			Riseb	orough	· .
	WAS DECEASED EVER I	N U.S. ARMED (IF YES, GIVE WAR		312-20-65	Barbara Kott	D.	206 N. Baltimore	Branch	1222	
	PART I. DEATH WA		:	line far to), (b), and (c).) Mark	sed Sen	450	ence		APPROXIMAT BETWEEN ONS	E INTERVAL ET AND DEATH
ATION	Canditions, if any, gove rise to imm cause (a), stating underlying cause PART 2 OTHER SIGN	dediate of the last	(c)	AS A CONSEQUENCE OF		THE TERM	MINAL DISEASE OR CON	DITION GIVEN	IN PART 110	
IFIC	190 DATE OF OPERAT			TION FOR WHICH OFFRAT	ION WAS PERFORME	D	200 AUTOPSY? YES NO		YERE FINDINGS IG CAUSES OF	
CAL CERT	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	21b. TIME OF HOUR A.A P.A	A. MONTH DAY YEA	AR	Y OCCURI	RED (ENTER NATURE OF INJU	RY IN ITEM TS PART	(OR PART 2)	
MEDICAL	21d INJURY OCCURR WHILE NOT WHI AT WORK AT WOR		21e. PLACE C	ET, FACTORY, OFFICE, EARM, ETC.)		0	CITY OR TO	wN	COUNTY	STATE
	220 I certify that (I) saw the discussion obove (II) we (id	d alway	106	19 8) apinian	death occurred on the d	ate and haur an	d fram the cau	
	22b. SIGNATORE	De	ron	~	MA ATTER	NDING SICIAN D	MEDICAL STA	FF CIAN []	12. DATE SIG	85

DHMH - 16 50M 4/83 (VRA 15, 4)

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MPORTANT. H

Buria] 24 FUNERAL DIRECTOR Duda-Ruck, Inc.

FOR

REGISTRAR

CITY OR TOWN OF DEATH

EIRST

I STATE OR FOREIGN

MARGARE

MIDDLE

76 CITIZEN OF WHAT COUNTRY?

1. DECEASED NAME

USUAL RESIDENCE

1 - STATE

(TYPE OR PRINT)

3. SEX

22d. PHYSICIAN'S NAME

23a. BURIAL CREMATION, REMOVAL

/9/85

23c. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery | Baltim

22e ADDRESS

23d LOCATION CITY OR TOWN

Baltimore City , MD.

Day don-handele

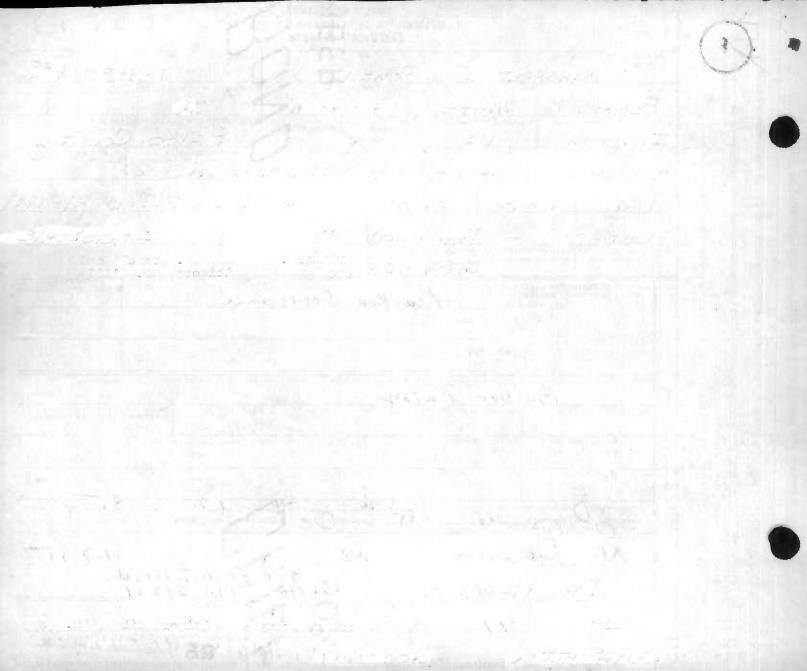
ADDRESS

-7922-Wise Ave. Baltimore.

23b. DATE

-MD-21222

JAN 9



Item #6 1/28/85 mtb

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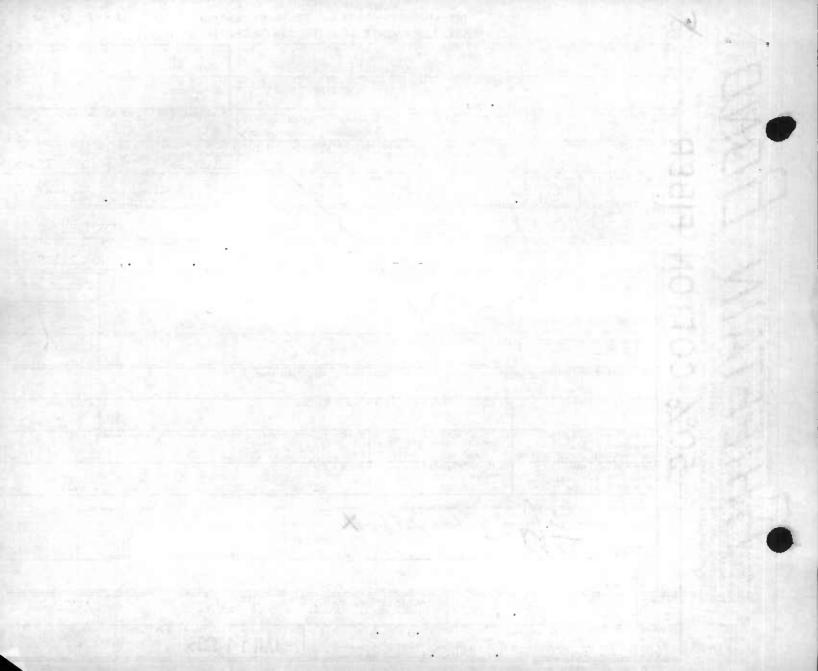
STATE OF MARYLAND FOR - STATE CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

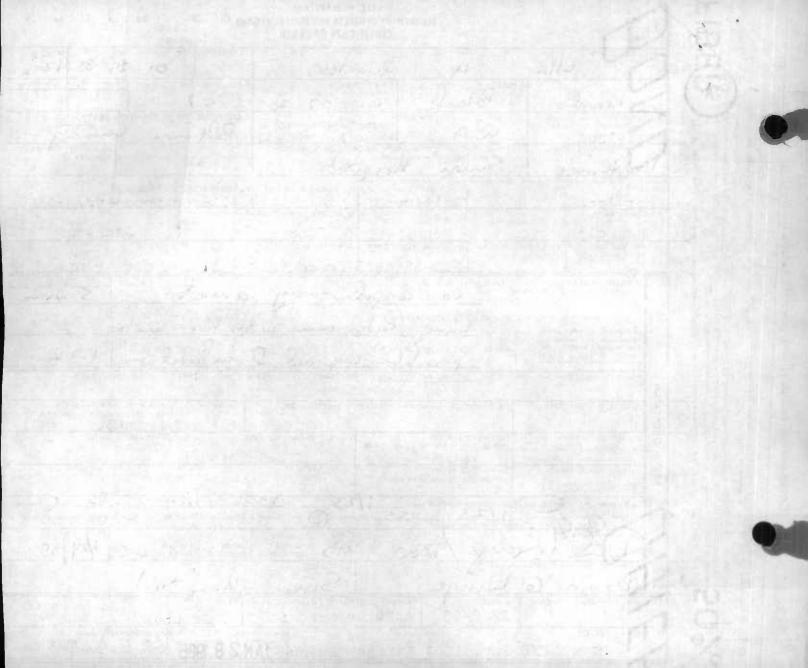
л		REGISTRAR						REG. NO). 			
		CEASED NAME FIR	51	MIDDLE	L	AST		2ª DATE OF DEATH	MONTH	DAY YEAR	2b. HOL	JR
			arlyn	Helen		RESSELL		January	<u>16,</u>	1985	-	0P M
	1.5E)		4 RACE		5. DATE O		re AR	AGE IN YEARS LAST BAT	HDAY)	MONTHS DAYS	HOURS	MIN.
	-	male		ite	/-	3-1926		58	YRS	VOLDEATH		
6	0	RTHPLACE (STATE OR FOREK		N OF WHAT COUNTRY?		NEVER MARR	IED 🗂	9. BALTIMORE CITY O				
4	-	Ito., MD	US	A OF HOSPITAL, NURSIN	WIDOWE		-	Baltimore		12b. KIND	OF BUISIN	MD.
7			(IF NOT	IN SUCH FACILITY, GIVE STREET	ADDRESS)			(TYPE OF WORK FOR MOST O	WORKING I	IFE) INDUSTRY		33 OK
-	200	AL RESIDENCE (IF NURSING H		nklin Squa		ospital		Mgr. Whi		Ret	ired	
6	13a. S	970	county	13c. CITY OR TOW		13d. INSIDE CITY LI		67D Sever			Balt	^
PT.		ATHER'S NAME	allo.	Balto	-	15 MOTHER'S MA			d.	2122	4	0.,
9	U	Inkown	MIDDLE	LAST		He	len	MIDDLE		Be	a l	
1		VAS DECEASED EVER IN U			RITY NO.	17 INFORMANT		ADDRE	SS			
9	()	NO OR UNKNOWN) (IF	YES, GIVE WAR OR DA	220-12-5	5987	Robert	Boot	h, 4508 S	imms	s Ave.	212	06
		18 CAUSE OF DEATH (E)	nter only one cou	se per line for (o), (b), one	d (c = i		The st			APPRO BETWEEN	XIMATE INTE	RVAL
		PART I. DEATH WAS C	CAUSED BY: NEDIATE CAUSE (_{o)} Sepsis	2122				11_			
1			DUE 1	O, OR AS A CONSEQUE	NCE OF							
		Conditions, if any, wh		b) Cardiac	Arres	t						
		gave rise ta immedia couse (a), stoting underlying couse la		O, OR AS A CONSEQUE								
						ry Diseas						
	Z	PART 2 OTHER SIGNIFIC	ANT CONDITIO	NS CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO T	THE TERMIT	NAL DISEASE OR CON	DITION G	IVEN IN PART 1	10	
7	ATIC	9a DATE OF OPERATION	1 19b C	ONDITION FOR WHICH	OPERATION	N WAS PERFORME	D	20a AUTOPSY?		S, WERE FIND		
4	CERTIFICATION							YES NO		IFYING CAUSE	S OF DEA	
P	GE	21a, ACCIDENT WAS UNDERLY	41001	ME OF INJURY JR A.M. MONTH DA	AY YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18	PART I OR PART 2)		
	CAL	OR CONTRIBUTING CAUSE	OFDEATH	P.M.	19		-0.0					
Н	MEDICAL	21d INJURY OCCURRED	IATHO	ACE OF INJURY	ARM, ETC [211 LOCATION		CITY OR TO	WN	COUNTY		STATE
	•	AT WORK NOT WHILE					04	resident and a second	7/	O.		
		22a.1 certify that (this	hospital) attend	ed the deceased framulary 16 19	ecemb 85	er 31 19	84	January		. 19 85	that No.	
		sow the deceased of above, x (we) (did) (didung view the	bady after death.		DEGREE	opinion di	eath occurred on the do	ore ond no		E SIGNED	area
		SIGNATURE	0/	1/	6 11	7 ATTEN	NDING _	MEDICAL STAF		17	16/0	5
1		PHYSICIAN'S NAME	CLYPE OR PRINTI	May 62	ing	PHYS 22e ADDRESS	ICIAN [DIRECTOR PHYSIC	IAN	1/11	PI	
		1100	,	ylor, MD			nklir	n Square Dr	., 2	1237		
		BURIAL, CREMATION, REM	OVAL 236 DA	TE 23c N	NAME OF C	EMETERY OR CREM	ATORY	23d. LOCATION		COLUMN TO THE PARTY OF THE PART		STATE
	В	Surial	1-1	9-85 Pa:	rkwoo	od		Balto.		Balto.	-	MD
	24 FL	OhneC. Mil	ler. Tr	C 64 10 First B	alai	r Pond	250 DATE	REC'D-BY REGISTRAR	A MARGE	ARABASICA	SHOULE	
	L			·C· OTISSE	21	206	JAN	22 1985		SHALL I		

DHMH - 16 50M 4/B3 (VRA 15, 4)

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	10		CEASED NAME	7851	٨	MIDDLE	1	LAST		2a. DATE OF DEATH	MONTH		YEAR 2	b. HOUR
	od yo	1.58		Ma	I. RACE	4	Que	OF BIRTH		6. AGE (IN YEARS LAS	0 1	1F UNDER	85	IF UNDER 24 HRS
	E 4 A	2	Female		181	wh	G	H DAY	28	57	YRS	MONTHS	DAYS	HOURS MIN.
	deoth P		minimum () Tan orn colemn Maryland	-	L. CITIZEN OF	A	MARRI		RCED	9. BALTIMORE CIT	OR COUNT	YOFDEA	W.	₹ ME
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AND 212	n 24 hou	130	ALRESIDENCE IN NOISE STATE Maryland	NO HOME OF IS	THER INSTITUTION	13c. CITY OR	BEFORE ADMISSION TOWN imore		0 🗆	13e STREET ADDRES			e. :	21207
MARYL	d with	1	Randolph		DDIE	Dar		IS MOTHER'S M	ST	AE MIDDs		Tack	SON	
ORE,	Mercute Con disco		WAS DECEASED EVER I		NED FORCES?		SECURITY NO.	17 INFORMANT		AD	DRESS		5011	
BALTIMOR	pe a	-	NO				38-661	Renee	Tuck	4819 N	orwood		enue	
ST., 8A	physical phy		18 CAUSE OF DEATH PART I. DEATH WA	1 Enter only AS CAUSED IMMEDIATE	BY:	Care	ma- Qu	Imora	my -	aust				SET AND DEATH
NOTS	rending second		Conditions if any	LIL	DUE TO, OF		EOUENCE OF	inoma	, d	Ha Liver	1			
W. PRE	by the or the remote (cremote other tro		Canditians, if any, gave rise to imm cause (a), stating underlying cause	ediate the	DUE TO, OF	R AS A CONS	EQUENCE OF	Musear	Q - Q	in las	· Stron	1	1-2	Day 8
05, 20	signed wer please o borno	z	PART 2 OTHER SIGN	IFICANT CO	ONDITIONS CO	ONTRIBUTING	O TO DEATH BU	NOT REPATED TO	THE TERMI	NAL DISEASE OR C	ONDITION GIV	VEN IN PA	ART Ira	
AL RECOR	The last of the la	CERTIFICATION	19a DATE OF OPERAT	911		ne.	HICH OPERATION	ON WAS PERFORM		20a AUTOPSY?	IN CERTI	ES 🗌	AUSES O	SS USED F DEATH?
OFVIE	Clan detrication moltress		210. ACCIDENT WAS UNDE OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTR	AUSE OF DEAT	HOUR A.	M. MONTH	DAY YEAR	21c HOW INJUI	RY OCCURRI	ED (ENTER NATURE OF	NJURY IN ITEM 18	PART I OR PA	ART 2)	
KVISION	of the the	MEDICAL	214 INJURY OCCURR	LE 🗍	21e PLACE ((AT HOME, STR		FFICE, FARM, ETC.)	211 LOCATION STREET		City O	RIOWN	COUN	NTY	STATE
	Trends good or TOR A for use of Head	-	220 I certify that (I) saw the decease		1/2			nd that in (my) (au	19 <u>85</u> ur) apinian d	, ta	e date and had	19 8 3		uses stated
	the North Delication of the North Delication of the Delication of the Delication of the North Delicati	13	SKONATORE T	38	unge	100	200	DEGREE ATTI	ENDING	MEDICAL S	TAFF SICIAN (2)	224.	DATE SI	GNED 85
	A HINER DOSPITATION OF THE STATE OF THE STAT		DANG PHYSICIAN'S NA	ME (TYPE OR	1	nae		22e ADDRESS	,	ldasis	tal			
	O 5 7 4 3 8		BURIAL, CREMATION, F	REMOVAL	23b. DATE	1		EMETERY OR CRE		236 LOCATION		COUNTY		STATE
	BP		URIAL		1/28,	/85	Arbut	us Memo:		Fk. Arb	itus,		N	Md.
D	HMH - 16 50M 4/83 (VRA 15, 4)	V V	UNERAL DIRECTOR Im C March	r F/H	I Inc.	1101	E North	-h Aven	250. DATE	N 2 8 1085		TRAR'S SI		ndell.
				-/			- ITOI	AVEIII	UE UA	1 0 0 1300	-	- (-5.50)	-	



Leroy M. & Russell C. Witzke Funeral Homes P.A. 1630 Edmondson Avenue, Catonsville, Md. 21228

- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

IF UNDER 24 HRS

12h KIND OF BUSINESS OR

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LAST

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COUNTY

22 DATE SIGNED

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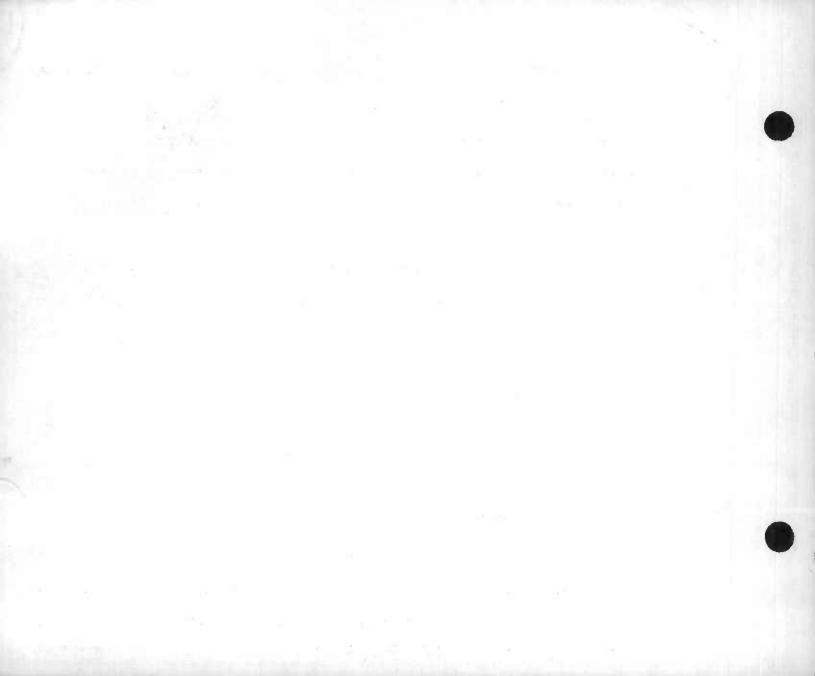
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STATE

Md.

INDUSTRY



Milia Davidson Banda

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR - STATE

(VRA 15, 4)

REGISTRAR

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Heitzunger County		.2.8.0	handesed.
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posts and post-authorities	,		
	entrol enth		
L. Lac	THE PARTY OF		

FOR

REGISTRAR

DECEASED NAME

1 - STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

85 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR DAYS HOURS 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Homemaker Cockeysville Md. 21030 MIDDLE Langeman Md. Masonic Home Cockeysville Md. 21030 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 20b. IF YES, WERE FINDINGS USED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO I 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN [Md. Masonic Home 23d LOCATION (SPECHY) Burial Md ATE Parkville Ballto. 1 - 22 - 85Parkwood 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE ulia Davidson Mitchell-Wiedefeld Home 6500 York Road 21212

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

20 DATE OF DEATH

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completely filled in by the funeral directors I and 2 shauld be filed within 72 hours of

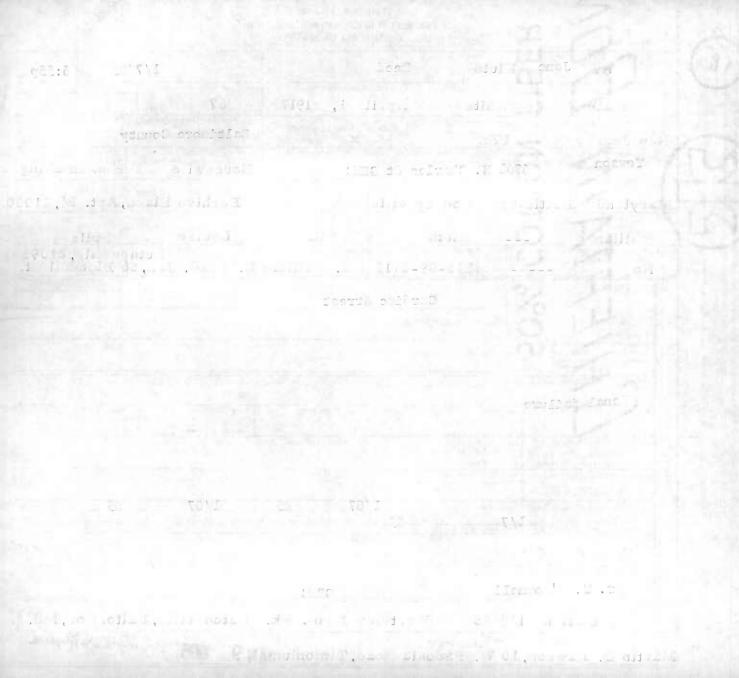
	STATE OF MARYLAND
OR	DEPARTMENT OF HEALTH AND MEN

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF	DEATH	REG.	NO.		
	CEASED NAME	FIRST	of Contract of the Contract of	MIDDLE		AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(I TPE	OR PRINT) A.	Jane	Kluth	1	Reed				1/7	7/85	6:55p
SE	х		4 RACE		5. DATE C			6 AGE (IN YEARS LAST E	HRTHDAY)	IF UNDER 1 YEAR	
	Female		Whi	te	Apri	1 1,	1917	67	YRS.	MONTHS DATS	HOURS MIN.
ВІ	RTHPLACE (STATE OR	EOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	D NEVER	MARRIED -	9 BALTIMORE CITY	OR COUNT		
	ew Jersey		USA		WIDOWE		IVORCED	Baltimor	e Cour	nty	M
0 C1	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSI		OR OTHER IN	TITUTION	120. USUAL OCCUPA		125 KIND (OF BUSINESS O
	Towson			. Charles		BMC		Housewil	e	Home	emaking
J5U/ 30. S	AL RESIDENCE IN NURS	136 COUN		GIVE RESIDENCE BEFOR		134 INSIDE	CITY LIMITS?	13e STREET ADDRESS	/ 7IP COL	JE.	
M	aryland		imore	Cockey			NO 🔀	8 Beehive	Plac	ce, Apt.	M, 210
4. F.A	ATHER'S NAME		MIDDLE	LAST		15 MOTHER	'S MAIDEN NAA	AE MIDDLE		14	ST
	William			Kluth		E	lla	Louis	_	Ful	
	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SEC		17 INFORM		ADD	RESS Lut	hervill	e,2109
	No			215-09-	-5712	Mr.	William	B. Reed,	Jr.,	56 Blos	ndell C
	18 CAUSE OF DEAT	H (Enter ar	nly one cause per	line for to I, (b), a	nd (c).1					BETWEEN	ONSET AND DEATH
CERTIFICATION	-	failu	ro	TION FOR WHICH				200 AUTOPSY?	20h (F YI	ES, WERE FIND	INGS USED S OF DEATH?
ERT	210. ACCIDENT WAS UNI	DERLYING [7 216. TIME O	F INJURY		21c HOW I	N JURY OCCURR	YES NO E		YES DEPART 2)	NO 🗌
	OR CONTRIBUTING	CAUSE OF DE	HOUR A.	M. MONTH D			J. Jeconn	TENTER MATURE OF IN			
MEDICAL	21d. INJURY OCCUR		21e. PLACE (19	211 LOCAT					
ME	WHILE NOT WE			EET, FACTORY OFFICE.	FARM, ETC)	STRE		CITY OR	NWO	COUNTY	STATE
	220.1 certify that (1)		tal) ottended the	e deceased from	1.	707	19 85	to 1/07		19 85	that (I) (we) la
	saw the deceas	ed olive on	1/7	19_	85 ar	nd that in (my		leath occurred an the	date and ha		
	77h SIGNATURE	ala) (ala no	t) yew the bady	alter death.		DEGREE				22c. DATE	ESIGNED
-	Timoth	1	X.	000	K	(1)	ATTENDING	MEDICAL ST	AFF CONTRACTOR	1 /-	7-83
	22d. PHYSICIAN'S N.	ME (TYPE C	PRINT)			22e ADDRE			7		
	Dr. T.	O'Do	onnell			G	BMC				
3e E	BURIAL, CREMATION,					EMETERY OF	CREMATORY	23d LOCATION			
-	Crema	ation	1/9/85	5 W	estvie	ew Me	m. Pk.	Catonsv	ille, B	Balto. C	o., Md.
4. FU	JNERAL DIRECTOR	Rail	m /X I X	ewo Poress	MR.		25a. DATE		R 25b. REGIS	Davidson	Mandall
Ma	rtin D. I		n, 10 W	. Padon	ia Roa	d, Tin	nonium	IN 9 1985	June	O 12001 -	
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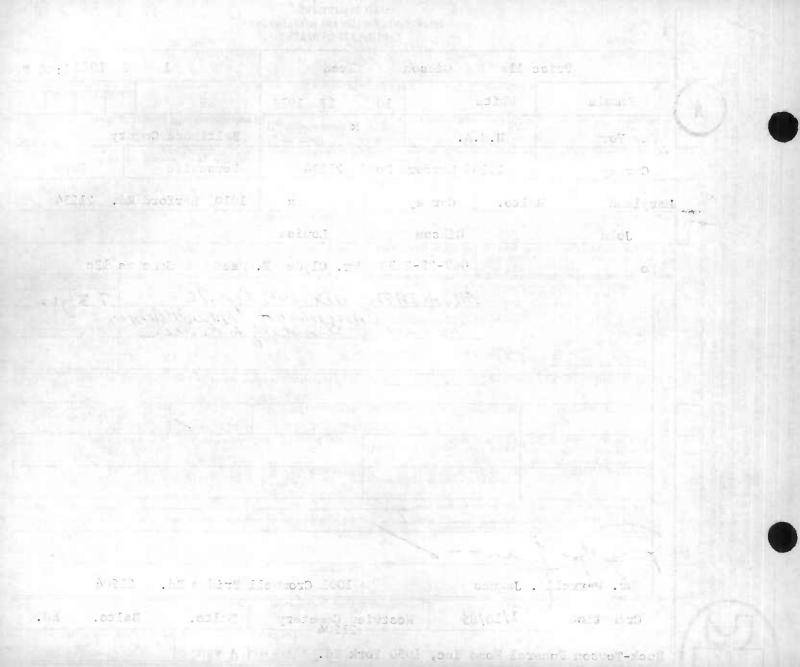
DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical exp TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and a should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



FOR - STATE

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
13a. STATE 13b COUNTY 13c CITY OR TOWN

Baltimore

MIDDLE

Conrad

W.

76 CITIZEN OF WHAT COUNTRY?

St. Joseph Hospital

Sparks

White

USA

FIRST

Joseph

REGISTRAR

I DECEASED NAME

Male

Maryland

Towson

Maryland

Frederick

14 FATHER'S NAME

CERTIFICATION

MEDICAL

To BIRTHPLACE (STATE OR FOREIGN

I CITY OR TOWN OF DEATH

TYPE OR PRINT

3 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Reichert. Sr.

MARRIED NEVER MARRIED

LAST

5. DATE OF BIRTH

MONTH

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Reichert

Dec.

CERTIFICATE OF DEATH

CATE OF DEATH	REG. NO.		
ST	20. DATE OF DEATH MONTH	DAY YEAR	2b HOUR
eichert, Sr.	Jan. 3	1 1985	М
FBIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
18 1912	72 yrs	MONTHS DATS	HOURS MIN.
NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
DIVORCED [Baltimore C	ounty	MD.
R OTHER INSTITUTION	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Machinist	IFE INDUSTRY	ers Co.
13d INSIDE CITY LIMITS? YES NO 🛣	13e.STREET ADDRESS / ZIP COD 14511 Thornto		Rd.,2115
15 MOTHER'S MAIDEN NAM		163-61	
Martha	MIDDLE	Wals	
17 INFORMANT	ADDRESS		A CONTRACTOR
Alice F. Re	eichert, 14511 T	hornton	n Mill Rd
1 Arreo	21152	BETWEEN	MATE INTERVAL ONSET AND DEATH

Yes O'C UNKNOWN) (IF YES GIVE W. Yes WW II	AR OR DATES)	219-16-6096	Alice F. Rei	chert, 14	511 The	ornton Mill R
18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	Y:	(are de a	c Arrest	2	1152	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	(b)	AS A CONSEQUENCE OF DIABELE	dial Inf			•
PART 2. OTHER SIGNIFICANT CON	IDITIONS <u>CO</u>	ntributing to death but	NOT RELATED TO THE TERMIN	IAL DÍSEASE OR COM	NDITION GIVEN	IN PART 110
19a date of operation	19b. CONDIT	ION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO 🔀		ERE FINDINGS USED G CAUSES OF DEATH? NO
21a ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF HOUR A.M	MONTH DAY YEAR	21¢ HOW INJURY OCCURRE	D (ENTER NATURE OF INJ	URY IN ITEM IB PART I	OR PART 2)
21d INJURY OCCURRED WHILE OF NOT WHILE AT WORK	21e PLACE O	FINJURY ET FACTORY, OFFICE, FARM ETC)	211 LOCATION STREET	CITY OR T	OWN	COUNTY STATE
22a I certify that (I) (this haspital)	ottended the	deceased from	, 19	_, to	. 19_	that (I) (we) last
saw the deceased alive an above, (1) (we) (did) (did not) vi	iew the bady a	ifter death.	nd that in (my) (our) apinion de	ath accurred on the c	date and hour on	d from the causes stated
22b. SIGNATURE	m		DEGREE ATTENDING	MEDICAL STA	AFF	224. DATE SIGNED

22e ADDRESS

DHMH - 16 60M 7/84

IMPORTANT:

E. Lowell Lemmon, 10 W. Padonia Rd. (VRA 15, 4)

2/4/85

224 PHYSICIAN'S NAME (TYPE OR PRINT)

23a. BURIAL, CREMATION, REMOVAL

Kamal Jain, M.D.

101 W. Ridgely Rd., Timonium, Md. 21093 231 NAME OF CEMETERY OR CREMATORY Poplar Grove Cem. Phoenix. Balto. Md.

250 DATE RECO. BY REGISTRAR 256. REGISTRAR'S SIGNATURE FEB 4 1985 Law Waydon Annu 1985 we wandoon finner

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division of the state of the st Market At add at a set place . I see that a set along the set of the set CANCELLO SERVICIONE DE LA CANCELLO DEL CANCELLO DE LA CANCELLO DEL CANCELLO DE LA

2 1.0	- STATE REGISTRAR		CERTIFICATE OF REATH	HYGIENE	
(14	ECEASED NAME FIRS	51 MIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 2b. HOUR
		llace H.	Reinhardt	January 12, 198	0 1 - 0
3. S	Male	4 RACE White	5. DATE OF BIRTH MONTH DAY YEAR 3-16-1914	6 AGE (IN YEARS LAST BIRTHDAY) 70 YRS	IF UNDER 1 YEAR IF UNDER 24 HR
10 Ta 1	SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED		
16.4	COSSVILLE	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE	JRSING HOME OR OTHER INSTITUTION		12b. KIND OF BUSINESS C
ŲSI	JAL RESIDENCE (IF NURSING HO	OME OR OTHER INSTITUTION GIVE RESIDENCE	BLYORE ADMISSION) TOWN 13d. INSIDE CITY LIMIT	S? 130.STREET ADDRESS / ZIP COD	
	STATE 136	Balto. Balto	YES NOTHER'S MAIDER	7408 Brookward	
6	EIRST	n Reinhardt	FIRST	MIDDLE	LAST
	WAS DECEASED EVER IN U.		SECURITY NO. 17. INFORMANT	a M Reinhards Ba	8 Brookwood Av
-		iter only one couse per line for (a), (b)		a M. Keinhardt	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	PART I. DEATH WAS C.	AUSED BY: EDIATE CAUSE (0) Cardio	oulmonary Arrest		
CERTIFICATION	PART 2 OTHER SIGNIFICATION	ant conditions <u>contributing</u>	SCLETOTIC CARDIOVAS TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIV 200 AUTOPSY? 206 IF YE IN CERTI	VEN IN PART TO S. WERE FINDINGS USED SET OF DEATH? SET OF OTTO
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE	OF DEATH HOUR A.M. MONTH	DAY YEAR 216 HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
0	214 INJURY OCCURRED	AMINER) P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
MEDICAL	WHILE NOT WHILE		Tice, Falm, ETC /		COUNTY STATE
MED	22a I certify that X (this	hospitol) ottended the deceosed for the constant of the consta	om January II 19		19_85, that # (we) la
MED	22a I certify that X (this		January II 19 85 and that in 19 (our) api	nion death occurred on the date and had	19_85, that # (we) la
MED	22a I certify that X (this sow the decessed all above, X (we) (did) (22b. SIGNATURE	Usery Tunity (179E OR PRINT)	January II 19 85 and that in January II 19 BEGREE ATTENDITY PHYSICIA 22¢ ADDRESS	NG MEDICAL STAFF	19_85 , that # (we) liver and from the causes stated 27c. DATE SIGNED 1/12/85
	22a I certify that X (this sow the decessed all above, X (we) (did) (22b. SIGNATURE	ASSET SMITH, M.D.	January II 19 85 and that in January II 19 BEGREE ATTENDITY PHYSICIA 22¢ ADDRESS	NG MEDICAL STAFF AN DIRECTOR PHYSICIAN MEDICAL	19_85, that # (we) look or and from the causes stated 22c. DATE SIGNED 1/12/85 21237

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DIVISION OF VITAL RECORDS, 20

		CEASED NAME FIRST DOTOL	hy Eliza		Pain molds		REG, N 20. DATE OF DEATH January	MONTH	1985	2b. HOUR 12:30
)	3. SE	(4. RACE	Total Like	5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 H
1]	Female	Whit	e	Apri		64	YRS	MONIAS DAYS	HOURS M
19		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C			
2/		lew York	US.		WIDOWE		Baltimore		-	
7		TY OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS	DR OTHER INSTITUTION	120 USUAL OCCUPAT	F WORKING LIFE	E) INDUSTRY	F BUSINESS
210		OWSON AL RESIDENCE (IF NURSING HOM				Medical Cente	r Housew	ife	Home	maki
35	13a. S	TATE 13b CC	ltimore	Timoniu	N	13d. INSIDE CITY LIMITS? YES NO \$\frac{1}{2}\$	235 E. Ti			ad, 21
	14 FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		LAS	1
36			Dutton	Paine		Fannie	Coulter		Qua	
1		VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT Sara				s Alaı
		No -		127-03-0	6773	Kathr yn Sart	rta, P.O. E	0×10		Mex
17,010	2	PART 2 OTHER SIGNIFICAN	41 CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIV	EN IN PART 10	0
-	0				OPERATIO					100.11055
1	IIFICATIO	190 DATE OF OPERATION	196 CONL	DITION FOR WHICH	OFERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIF	WERE FINDING YING CAUSES	
1	CAL CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFT WEBLE ALEXANDER NOTIFY MEDICAL EXAM	21b. TIME O	OF INJURY		N WAS PERFORMED	YES NO	IN CERTIF	YING CAUSES	OF DEATH?
1	MEDICAL CERTIFICATIO	2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHEETINER, NOTHY MEDICAL EXAM. 21d INJURY OCCURRED	21b. TIME (HOUR A	OF INJURY	AY YEAR		YES NO	IN CERTIF YE	YING CAUSES	OF DEATH
1		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM- 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22g. 1 certify that (1) (this h- saw the deceased alive above 4) (we) (did) (did	21b. TIME (DEATH HOUR A HOUR A 21e. PLACE (AT HOME S	OF INJURY A.M. MONTH D. A.M. OF INJURY REEL, FACTORY, OFFICE F	AY YEAR 19 ARM ETC) Janua 85 or	21c. HOW INJURY OCCURR 21f LOCATION STREET Ary 14 , 19.85 and that in (my) (our) opinion d	YES NO DED (ENTER NATURE OF INJU	IN CERTIF YE RY IN ITEM 18 P	YING CAUSES S ART I OR PART 2) COUNTY 19 85 I and from the	STA
1		23g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM- 21d INJURY OCCURRED WHIE AT WORK AT WORK Sow the decessed alive above 41 (we) (did) (die 22b. SIG AT 8)	21b. TIME (DEATH HOUR A HOUR A (AT HOME S Ospital) attended t c on Janu- d not view the bod	OF INJURY A.M. MONTH D. A.M. OF INJURY REEL, FACTORY, OFFICE F	AY YEAR 19 ARM ETC) Janua 85 or	21f. HOW INJURY OCCURR 21f LOCATION STREET 3TY 14 19.85 and that in (my) (qur) opinion d DEGREE ATTENDING PHYSICIAN	YES NO DED (ENTER NATURE OF INJUINATION OF INJUINAT	IN CERTIFYE RY IN ITEM 18 P WAN 25 ate and hour	YING CAUSES S ART 1 OR PART 2) COUNTY 19—85	STA' that (1) (we causes state
PORTANT II Bem 21 is morked or Rem 18 shows ony Inju		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM- 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22g. 1 certify that (1) (this h- saw the deceased alive above 4) (we) (did) (did	21b. TIME (DEATH HOUR A INNER) 21e. PLACE (AT HOME 5 aspital) attended t and view the bod 21c OR PRINT)	DF INJURY A.M. MONTH D. A.M. OF INJURY REE1, FACTORY, OFFICE, F The deceased from 25, 19 Value death.	AY YEAR 19 ARM ETC) Janua 85 or	21f. HOW INJURY OCCURR 21f. LOCATION STREET 3TY 14 19.85 and that in (my) (qur) opinion d DEGREE ATTENDING	YES NO CITY OR TO CITY OR TO Januar leath accurred on the d DIRECTOR PHYSIC	IN CERTIFYE YE RY IN ITEM IS P WAN Y 25 ate and hour	COUNTY 19 85 1 and tram the 1/25	STA that (1) (we causes state SIGNED
MAPORTANT, If them 21 is morked or them 16 shows ony inju	WEDICAL MEDICAL	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM- 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 226. I certify that (1) (this house of the deceased alive above 1) (we) (did) (did 22b. SIG. 1 T 8).	21b. TIME OF PRINTS 21c. PLACE (AT HOME S 2	DF INJURY A.M. MONTH DA A.M. OF INJURY IREE1, FACTORY, OFFICE F Wather death. D. 23c	AY YEAR 19 ARM ETC) Janua 85 or	21f. HOW INJURY OCCURR 21f. LOCATION STREET ATY 14 19.85 and that in (my) (aur) apinion d DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	YES NO CITY OR ICE TO Januar To	IN CERTIFYE YE YE YE YE YE YE YE YE YE	COUNTY 19.85 and from the 22c. DATE 1/25.	of DEATH NO

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	10.24				

	1 -	REGISTRAR		CERTIFICATE OF DEATH	REG. N	0.
1		EASED NAME FIRST DR PRINT) Jame	s Henry	Renner	January	6, 1985 Zb. HOUR
	3. SEX	M	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR 18/12	6. AGE (IN YEARS LAST BIR	MONTHS DAYS HOURS MIN
86		OUNTRY) M.D.	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore	M
5/	P	OSSVILLE	(IF NOT IN SUCH FACILITY, GIVE STR	So. Hosp.	120 USUAL OCCUPAT (14PE OF WORK FOR MOST C	
10	13a S	MP. B		RIVER YES NO 10	13e.STREET ADDRESS	TAILSIN LN.
934	4 FA	TAMES	RENNER LAST	15. MOTHER'S MAIDEN NA FIRST MARGARI	MIDDLE	AARONS
/	(Y	ES NO OR UNKNOWN) (IF YES,				S32 6 KING ARTHUR CIA APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
r injury, ar other	TION			<u>O DEATH</u> BUT NOT RELATED TO THE TERA		
yows and	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	YES NOW	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
9	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M. MONTH P.M.	DAY YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)
orked or	MED	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFK	CE, FARM, ETC.) STREET	CITY OR TO	0.5
21 is m		sow the deceosed alive above, Newe) (did) (and	spital) attended the deceased from January 6 19	OL .	death occurred on the d	b, 19.85, that (we) late and hour and from the causes stated
7 17 TG			my T. Alla Mi	PHISICIAN (MEDICAL STA	January 6,
NA NA			Hsu, M.D.		clin Square	
	(URIAL, CREMATION, REMOV PECHY) BVR/AL	AL 23b. DATE 23	STATE V.A. CROWAS		COUNTY STATE
/83	-	NERAL DIRECTOR	+ 300 M		TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

RESERVE PROPERTY SO HOSE THE SHIPE RIGHT LONG CONTROL WAS THOSE OF BUTTON TO THE BOARD OF THE COME OF THE STATE OF THE

signed by the attending physician and completely filled in by the funeral dir. hen please remave carban papers. Pages Land 2 should be filed within 72 hau

	FOR	
	1011	
-	STATE	
	21015	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

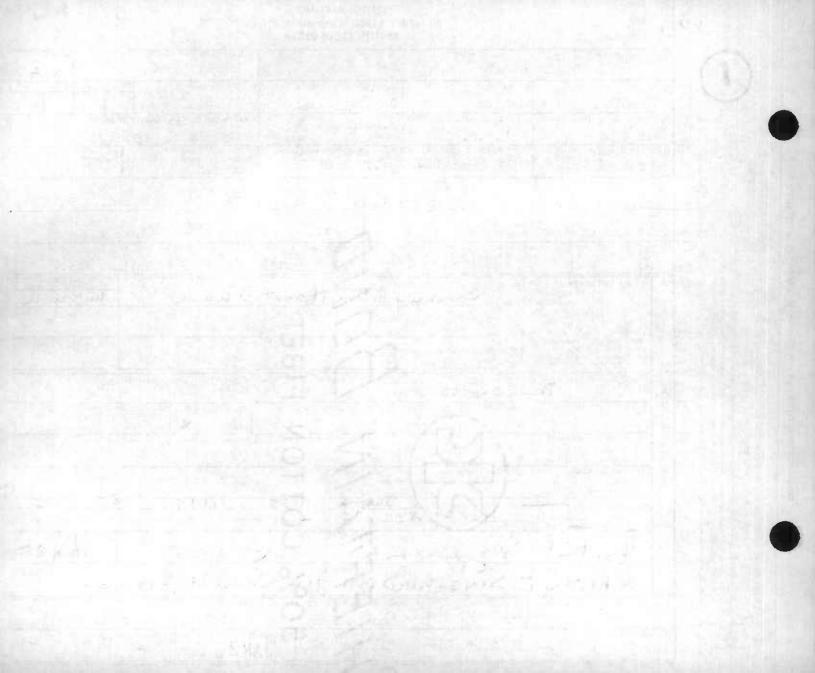
REG, NO.	

	1 00	NEO/OTHAN				REG, NO.				
1		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR			
)			A Rheb			Jan 19, 1985		8 A M		
/	3. SE	X	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS		
		Male	White Janua		Tary 16,1964	81 YRS	MOTHING DATE	MIN.		
26		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 AAADDIE	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH				
3/		aryland	yland U.S.A. WIDOWED DIVORCED				Baltimore County MD			
Policed		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		120. USUAL OCCUPATION 126, KIND OF BUSINESS					
剧人	C	atonsville	1506 Edmondson				(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired			
23/	U5U	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFOR		Alad bigiDE City Indiag	13e STREET ADDRESS				
200			imore Catons		13d INSIDE CITY LIMITS?	1506 Edmondson	Ave.,	21228		
// // /		ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	ME				
S. C.	la	te Albert Rheb	MIDDLE		late Cece	lia Duïtscher	LASI			
lo /		WAS DECEASED EVER IN U.S. AR			17. INFORMANT	ADDRESS				
med		NO OR UNKNOWN) (IF YES, GIV	ZE WAR OR DATES) 220 12 S	9918	Mrs Cornelia Rheb 1506 Edmondson Ave.					
the		18 CAUSE OF DEATH (Enter or	ly one cause per line far (a), (b), ar	nd (c)		1		MATE INTERVAL DINSET AND DEATH		
vent			nly one cause per line far (a), (b), and (b) and (b) are CAUSE (a)	· u A	tery thourt	Disease		Cuour		
‡c e		IMMEDIA								
E S		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (1b)								
1 10		gove rise to immediate								
othe		underlying cause last DUE TO, OR AS A CONSEQUENCE OF								
0 '	3	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to								
ريمأر	NO	Burn DNESS								
à T	ATI	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? 20b. IF Y	ES, WERE FINDIN	IGS USED		
300	CERTIFICATION						IFYING CAUSES	OF DEATH?		
8 sh	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18				
E		OR CONTRIBUTING CAUSE OF DEA		AY YEAR						
£ /	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION					
ked	M	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE		
H D			tal; attended the deceased from _	Jus	10 5'5	1119	1085	t		
51		saw the deceased plive on	Nov 27 198	4		death occurred on the date and ha		hat (I) (we) last		
E		27b. SGNATURE	t) view the body after death.		DEGREE		22c. DATE			
H He	100	he til	Den and	Q M	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN		20 85		
Z -		22d. PHYSICIAN'S NAME (TYPE O	(R PRINT)	7	220 ADDRESS	DIRECTOR PHYSICIAN	- 1	20100		
MPORTANT:		MARTINI-	E. SINGEWA	n Gr		hase St 212	2			
¥	220 0	CHIDIAL CREMATION REMOVAL								
	230 E	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	January 22'85		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	aryulamn	STATE		
		JNERAL DIRECTOR		Loud	on Park					
/B1			1112 Collumbians Ro	d Elli	mater Oteval	REC'D BY REGISTRAR 256 REGIS	TRAR'S SIGNATE	JRE		
Harry H Witzke 4112 Collumbia Rd Ellicott Cty. JAN 23 1985								*		

DHMH-16 50M 1/B1 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the atter



STATE OF MARYLAND

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Mitchell-Wiedefeld Home, Inc. Balto., Md. 21212

FOR - STATE

DHMH - 16 50M 4/B3 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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na 18 shows any

IMPORTANT: If hem 21 is marked or the

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL H	HYGIENE	REG. N	,			
1		CEASED NAME FIRST		MIDDLE	·	AST	20 D	ATE OF DEATH		DAY YEAR	26 HOUR	
	(TYPE	DORO-	CHV	M.	RI	TNOUR		ANUARU	16.	1985	3:20	Am
V	3 SEX		4 RACE		5. DATE C		1	E IN YEARS LAST BIR	HDAY)	IF UNDER 1 YEAR	IF UNDER 24	HRS.
H		Female	White	2	MONTH	2 14" 1911	_	73	YRS			
•		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	1 BA	LTIMORE CITY O	R COUNTY	OF DEATH	EDM !	J 1933
Ŀ		Maryland		5.A.	WIDOWE			ALTIMO	DRE (COUNT	· Y,	MD.
1		TOWSON	ST.	OSEPH	HOS	PITAL	12a U	JSUAL OCCUPATI OF WORK FOR MOST O Nurse	ION)F WORKING LIFE	12b. KIND C INDUSTRY Nurs	ing	OR .
7	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 13b COUR Maryland Ba	other institution NTY	13t CITY OR TOW Lutherv	ille	13d INSIDE CITY LIMITS		TREET ADDRESS			21093	912
1	14 FA	ATHER'S NAME FIRST Clarence	MIDDLE H.	Martin		15. MOTHER'S MAIDEN I		WIDDIE		Hoffma	'n	U B
F		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	100	ADDRE			164	
		No N/	A	226-46-	9698	Stephen A	A. Mai	rtin S	ame as	13e		
		18 CAUSE OF DEATH (Enter or	ly one couse per	line for (a), (b), on	dic	MENO MENO				APPROX BETWEEN	IMATE INTERVA ONSET AND DE	ATH
1		PART I. DEATH WAS CAUSE IMMEDIA		INTEST	INAL	NECROSIS				APPR	ox 24	-36 Mm
		Conditions, if any, which gove rise to immediate couse (a), stoling the underlying cause last	(b)	R AS A CONSEQUI	ENCE OF	PERIOR MESE	16 L		ny	MAN	x 36 4	us,
	NOI	PART 2 OTHER SIGNIFICANT (CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	ERMINAL D	DISEASE OR CON	DITION GIVE	EN IN PART 1	a	
	CERTIFICATION	198 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		AUTOPSY?	IN CERTIF	, WERE FINDITY		
		216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.		AY YEAR	21c HOW INJURY OCC	URRED (E	NTER NATURE OF INJUI	RY IN ITEM 18 PA	ART OR PART 2}		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STAT	E
		220. I certify that (I) (the hosp saw the deceased alive an abave, (I) (we) (did) (did no	1/6	19	8.5 . or	, 19 50 apini		accurred on the de	ate and have		that (we causes state	,
		27h SIGNATURE		anc. acom.	1	DEGREE ATTENDING		DICAL STAP		22c DATE	SIGNED	
		234 PHYSICIAN'S NAME ITYPE C	OR DAINI)			22e ADDRESS	- CIRC					
	//	JAMES W	GAGO	an, Ja.	que	DEPT PA	14, 3	ST JOSE	PH 110	SP, BA	W.M	>.
1		BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATOR		LOCATION	in the	COUNTY.	441	E
	24.5	Burial	1/9/8	5 Wa	rrent	on Cemetery		Warrent		auquier		à.
		JNERAL DIRECTOR	1	ADDRESS	1050	21204	DATE REC'I	D. BY REGISTRAR	TSIN REGISTI	RAR'S SIGNA	URE	
	R	uck-Towson Fune	ral Hom	e Inc.	1020	York Rd.	1 41 5	1000				

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FOR - STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

3 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LAST

5. DATE OF BIRTH

RITTER

CERTIFICATE OF DEATH

REG.	NO.				
20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOU	JR
100	01	04	1 85	7:0	0 1
6 AGE (IN YEARS LAST I	BIRTHDAY)	IF UP	DER 1 YEAR	IF UNDER	₹24 HR
66		MONT	HS DAYS	HOURS	MI

MALE	WHITE	1	9	18
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVERA	ARRIED
Maryland	U.S.A.	WIDOWED [DA	ORCED

MONE OF OTHER PISTILUTION, GIVE RESIDENCE BEFORE ADMISSIONS

BALTIMORE CITY OR COUNTY OF DEATH ED T BALTIMORE COUNTY DIVORCED

10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION TOWSON GREATER BALTIMORE MEDICAL CENTER

Ritter

EMANUEL

120 USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTRY Western TYPE OF WORK FOR MOST OF WORKING LIFE Md. Railroad Car Man

Maryland	A.A.	Glen Burnie
FATHER'S NAME		

WILBERT

4 RACE

13d. INSIDE CITY LIMITS? IS MOTHER'S MAIDEN NAME

Mary

MIDDLE Hennelley Agnes

Rova1 Andrew

166 SOCIAL SECURITY NO 17 INFORMANT

20b. IF YES, WERE FINDINGS USED

COUNTY

21061

No

218-05-4439

Beverly A. Thompson 11 Southfield Rd. 21061 APPROXIMATE INTERVAL

13. STREET ADDRESS / ZIP CODE 11 Southfield Rd.

PART I. DEATH W			CARDIORESP	ERATORY	ARREST
Canditions, if any, gave rise to imm	which (UE TO, OR	AS A CONSEQUENCE OF METASTATIC	CARCIN	OMA

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION
21a ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEA
LIE SITHED NOTEY MEDICAL EVAMINED

underlying

21b. TIME OF INJURY

AT HOME STREET FACTORY OFFICE FARM ETC 1

IN CERTIFYING CAUSES OF DEATH? NOX 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21d. INJURY OCCURRED

HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

85

211. LOCATION

200 AUTOPSY?

WHILE NOT WHILE 220 | certify that (1) (this haspital) attended the deceased from saw the deceased alive an abave, (1) (we) (did) (did nat wew the bady after death

GEOFFREY DUGUE, M.D.

23b. DATE 1/7/85

85 10 85 and that in (my) (aur) apinian death occurred an the date and have and from the causes stated

STAFF

226 SIGNATURE

ATTENDING our) PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

22d PHYSICIAN'S NAME (TYPE OF PRINT)

22e ADDRESS

GBMC - 6701 N. CHARLES ST. 21204

Brooklyn Pk.

230. BURIAL, CREMATION, REMOVAL Burial

231. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

DEGREE

A.A. Maryland

21229

guia Daydon-Handell

DHMH - 16 60M 7/84

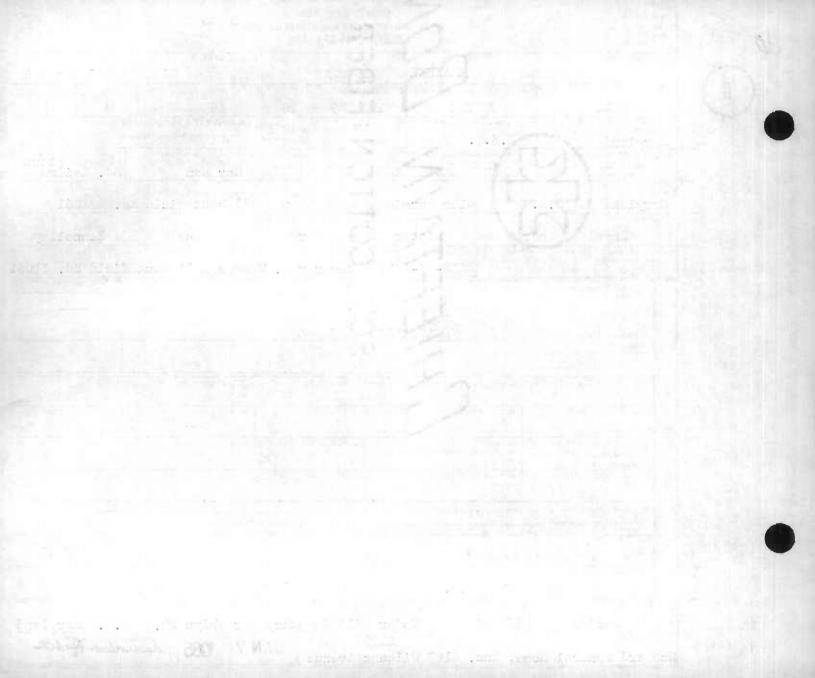
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MPORTANT

24 FUNERAL DIRECTOR

Hubbard Funeral Home, Inc. 4107 Wilkens Avenue (VRA 15, 4)

CERTIFICATION



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3. SEX

FEMALE

VIRGINIA 10 CITY OR TOWN OF DEATH

ROSSVILLE

FIRST

(STATE OR FOREIGN

USUAL RESIDENCE (IF NURSING HOM OR OTHER INSTITUTION 13a STATE

BIRTHPLACE

COUNTRY

FOR STATE REGISTRAR I. DECEASED NAME Mary (TYPE OR PRINT)

4 RACE

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(IF NOT IN SU

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DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTA CATE OF DEATH		ENE Ö	REG. NO.	0	0	Ó	2	0
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l'E	5. DATE O	9 • 190	AR 1	6. AGE (IN YE		YRS.		DAYS	HOURS	24 HRS MIN.
WHAT COUNTRY?	8. MARRIED WIDOWE			Baltimor	i more	Coun	ty	Н		MD.
HOSPITAL, NURSING THE FACILITY, GIVE STREET A	ADDRESS)	ROTHER INSTITUTION	N		CCUPATION FOR MOST OF WO MAKER	ORKING LIFE)	INDUS		BUSINE E	SS OR
BALTIMO	V 1	134 INSIDE CITY LIM	_	13 e STREET A	DDRESS / ZI		EN	BLV	/D.2	21239
LLIAMSO	N	15. MOTHER'S MAID FIRST EFF		ΛĒ	WIDDLE		PEM	LAST		
227-56-		17. INFORMANT WILLIAM	T.	ROACI	ADDRESS	1680		204 TFC		RD.
Cardiopul		y Arrest					BETY	PPROXIM WEEN OF	ATE INTER	DEATH
DAS A CONSTOUR	NICE OF					-				

	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B IMMEDIATE C			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) Probable Myocardial Info		
Z	PART 2 OTHER SIGNIFICANT COM	nditions <u>contributing to death</u> but not related to th	E TERMINAL DISEASE OR CONDITION GIVE	N IN PART Tra
CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	WERE FINDINGS USED ING CAUSES OF DEATH?	
-	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	OCCURRED (ENIER NATURE OF INJURY IN ITEM 18, PAI	RITOR PART 2}
MEDICAL	716, INJURY OCCURRED WHILE NOT WHILE AL WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (this haspital) saw the deceased alive on above, (10 (we) (did) (10 (km (1) v	anuary 28 19 85 and that in (A) (aur) o	85 to January 28 pinion death occurred on the date and hour	
	226. SIGNATURE		NING MEDICAL STAFF	1/28/85
	22d. PHYSICIAN'S NAME (TYPE OR PR		nklin Square Dr., 212	

BP

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR E.

BURIAL

CEMETERY

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236 LOCATION
CITY OF TOWN

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENI - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) Helen Mathilda Nelson Roache January 13. 1985 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 3. SEX IF UNDER I YEAR MONTH Female White 1899 August 6. 85 To BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY USA Maryland Baltimore County, WIDOWED A DIVORCED 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUT 12b. KIND OF BUSINESS OR INDUSTRY Cockevsville Broadmead, 13801 York Rd. 21030 Housewife Homemaking 136 COUNTY 13a STATE 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Baltimore 13801 York Road, #21030 Maryland Cockevsville 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Theresa John Nelson Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Cockeysville 21030 Mrs. Joan Tittsworth, 20 Sherwood Road. 215-07-8542 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY STROKE IMMEDIATE CAUSE ID DUE TO, OR AS A CONSEQUENCE OF Voscular Discase Conditions, if any, which gave rise to immediate couse (p), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause IONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDIT CERTIFICATION 90 DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 21n ACCIDENT WAS UNDERLYING 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE 220.1 certify that (1) (this becautal) attended the deceased from

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT

23a BURIAL 1/16/85 Burial 24 FUNERAL DIRECTOR

22h SIGNATU

Broadmead, 13801 York Road, Cockeysville 230 NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

DEGREE

Woodlawh, Balto. Co., Md.

apinion death accurred on the date and have and from the causes stated

Timonium 21093 DATE REC'D. emmon-Mitchell-Wiedefeld, 10 W. Padonia Rd.

ATTENDING

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

REGISTRAR 256, REGISTRAR'S SIGNATURE

22c. DAJE SIGNED

2b HOUR

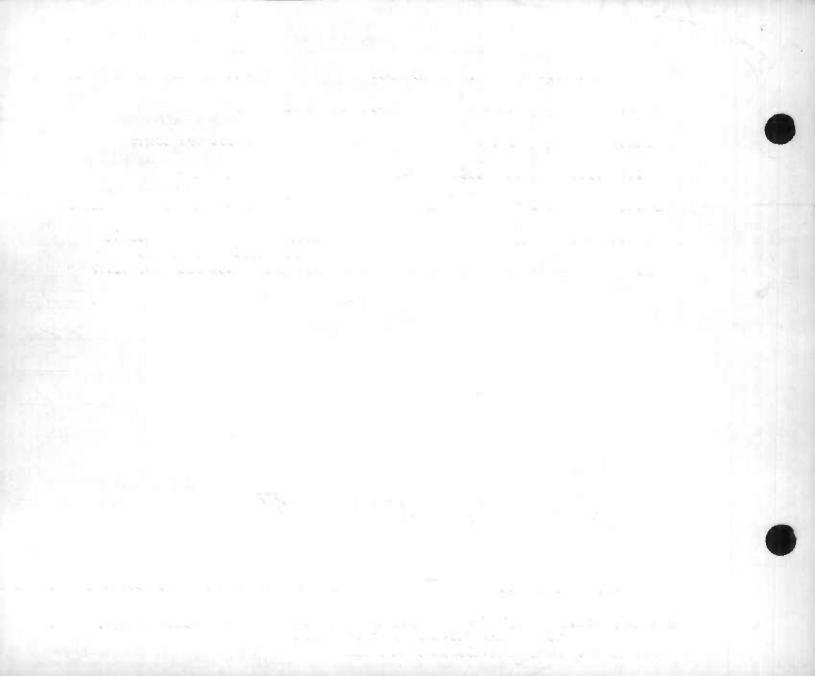
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10:05

STATE

IF UNDER 24 HRS

, r L. L. January 11 deliceration and the contract of the contract place that the first the first than the first that the first the first that the 1 Light year out, to the local, north, the case, the The state of the s iguita on comi Librario per . Will, Exibit i v-Haunti v-uo nun d



FOR

REGISTRAR

George

male

O BIRTHPLACE I STATE OF FOREIGN

4 RACE

white

U.S.A.

7b. CITIZEN OF WHAT COUNTRY?

L DECEASED NAME

- STATE

(TYPE OR PRINT)

COUNTRY Md.

J. SEX

STATE OF MARYLAND

LAST

Roettaei

S DATE OF BIRTH

MONTH

WIDOWED

DEPARTMENT OF HEALTH AND MENTAL HYGIENI

CERTIFICATE OF DEATH

18

MARRIED NEVER MARRIED

Sr.

YEAR

1901

DIVORCED [

Apt. 1903

22c. DATE SIGNED

STATE

Md.

2h HOUR

IF UNDER 24 HRS

IF UNDER LYEAR

126. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY St. Joseph Hospital Baltimore Cutter Clothing USUAL RESIDENCE LIF NURSING ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE Apt. 347 6401 Loch Raven Blvd. 21239 13a STATE COUNTY Baltimore 1134 INSIDE CITY LIMITS? Md. YES X 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST MIDDLE FIRST Keehn Louis Roettger Caroline ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17. INFORMANT LYES NO OR UNKNOWN 215-05-1771 Geo. Roettger (son) 205 E. Joppa Rd. 21204 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per lige for (a), (b), and ic PART I. DEATH WAS CAUSED BY or me & IMMEDIATE CAUSE 10 OR AS A CONSEQUENCE OF on so Conditions, if ony, which gave rise to immediate couse |o|, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IMPART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 216. TIME OF INJURY 21c HOW INJURY OCCURRED 710 ACCIDENT WAS UNDERLYING (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING THE CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STREET AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE 220.1 certify that (1) (this happital) attended the deceased from - 24-19 96 saw the deceased alive an and that in (my) (autropinian death occurred on the date and hour and from the causes stated

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

²⁴ FUNERAL DESCHIEMUNEK Funeral Home For Inc. 3331 Brehms Lane, Balto. Md. 21213

23b. DATE

1/29/85

THE PHYSICIAN'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

22b. SIGHA

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE Turia Davidson-Mandalle

MEDICAL

23d LOCATION

DIRECTOR PHYSICIAN

ATTENDING PHYSICIAN D

Dulaney Valley Mem Gardens Balto.

REG. NO

9 BALTIMORE CITY OR COUNTY OF DEATH

Baltimore County

2a. DATE OF DEATH

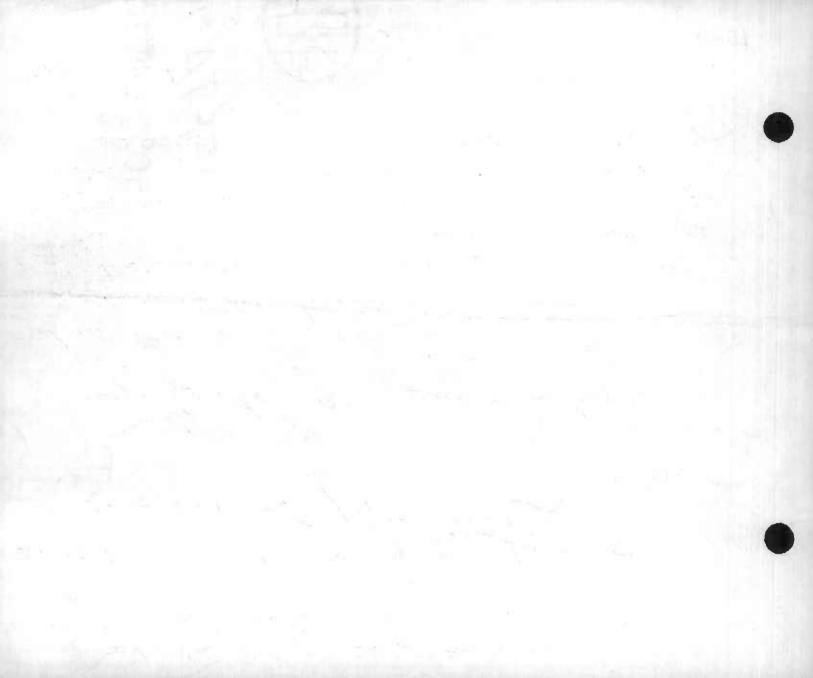
84

6. AGE | IN YEARS LAST BIRTHDAY)

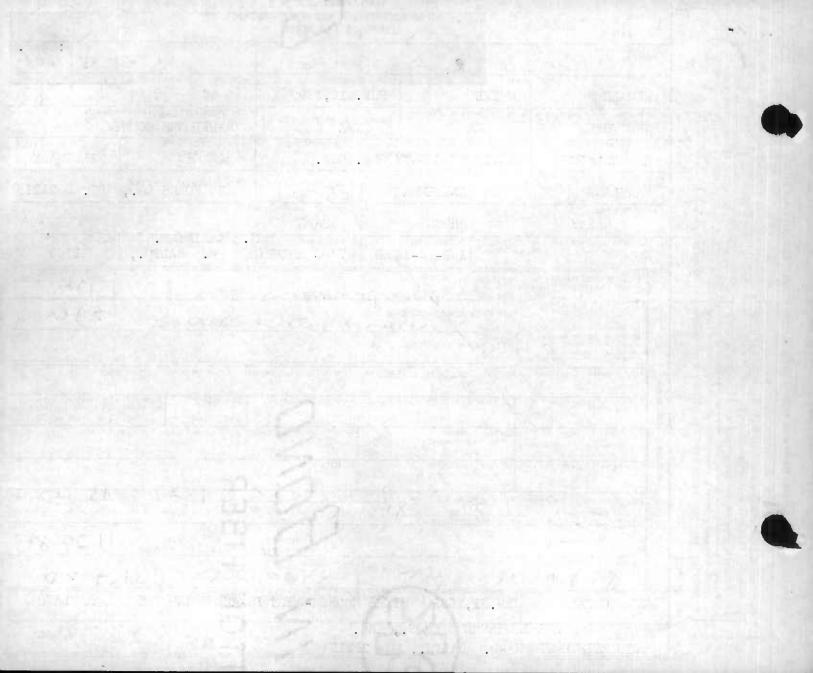
DHMH - 16 50M 4/83 (VRA 15, 4)

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MPORTANT:



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN



FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

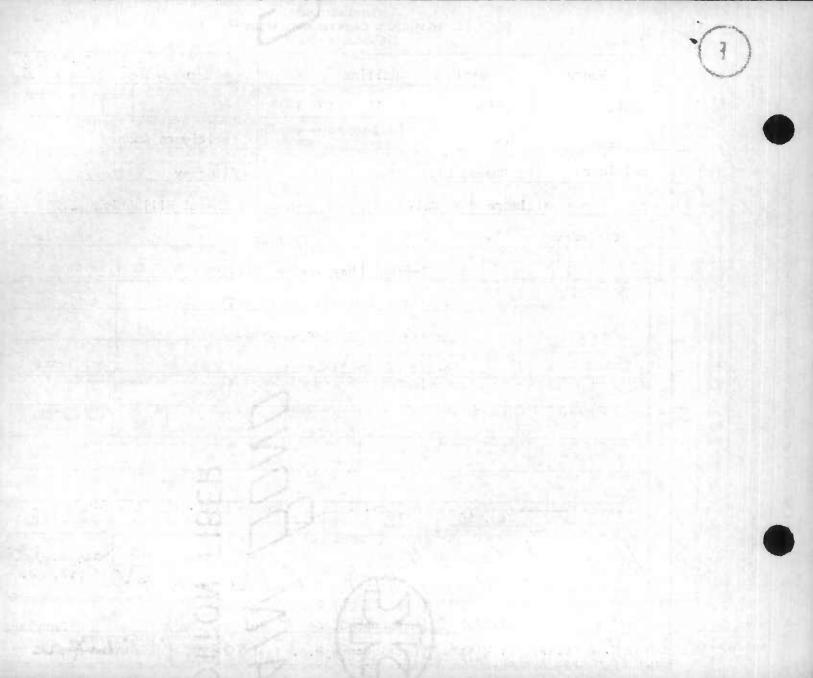
-		REGISTRAR						REG. NO			
		CEASED NAME FIRST	-	MIDDLE	L	AST	- /	20. DATE OF DEATH	MONTH DA	AY YEAR	26. HOUR O
1	(1199	Henry	B∈	ale	Roll			Jan		1485	1 21M
	3. SEX		4 RACE		5. DATE C		YEAR -	6 AGE (IN YEARS LAST BIR		ONTHS DAYS	# UNDER 24 HRS. HOURS MIN.
		Male	White		монтн	10	1898	86	YRS.		
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MAPPIE	NEVER A	AARRIED T	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
2	M	laryland	U.S.		WIDOWE	D Dr	ORCED [Baltimo			MD.
9		TY OR TOWN OF DEATH		HOSPITAL, NURSING		OR OTHER INST	ITUTION	12a USUAL OCCUPATION OF THE OF WORK FOR MOST OF			F BUSINESS OR
		IcDonogh		el Hill D				Attorney		Law	
	13a S			13t. CITY OR TOWN Balto	N	136 INSIDE C	ITY LIMITS?	13e STREET ADDRESS /		rive :	21208
8	14. FA	THER'S NAME	MIDDLE	LAST			MAIDEN NAM	MIDDIE	, USS	241	ī
1		Clarence	L.	Roll	ins		Lilliar			Das	hiell
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMA	NT	ADDRE	SS		
		No	TE WAR OR DATES	215-22-6	960	Mary We	ston F	Rollins	Sam	ne as #	
											MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral Cerebral Vascular Thromboses									onths
		Conditions, if ony, which (b) Generalized Artercosclerosis									
		gave rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF						
		underlying couse lost.	(c)_	Cancer	of th	e Pros	trate			3	Years
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									3
	CERTIFICATION	19a DATE OF OPERATION	TIM COND	TION FOR WHICH	FOR WHICH OPERATION WAS PERFORMED 21				1206. IF YES.	WERE FINDIN	NGS USED
1	IFIC.	DATE OF GLEWING	1,7					YES T NOT		ING CAUSES	
1	ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME O	FINJURY	-	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJUI			1.0
0		OR CONTRIBUTING CAUSE OF DE			Y YEAR						
	MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY		211. LOCATIO	ON				
	ME	WHILE NOT WHILE O	(AT HOME STE	REET, FACTORY, OFFICE, FA	ARM ETC.)	STREET		CITY OR TO	WN	COUNTY	STATE
	-	22a I certify that (I) (this hope	tal) attended th	e deceased from	Nov.	2	19 84	Jan. 2	0 1	9 85	that (1) (we) last
		saw the deceased alive on abave, (1) (we) (did) (did no			85 , ar	nd that in (my)	(aux) opinion d	leath accurred on the de	ate and hour	and from the	causes stated
		226 SIGNATURE	1-10	1 - 1 1a	-0	DEGREE		/		124 DATE	SIGNED
		Howard 7	F. Cas	Run In	.6)	<i>A</i>	TTENDING PHYSICIAN	DIRECTOR PHYSIC		Java	20,1485
		TO PHYSICIAN'S NAME (TYPE O	OR PRINTI	(.)	h /1	22e ADDRES	5/ 0	210 -0 -1) // B	altimo	re, Md.
		HOWARD	+ · K/	45K/11	mily	mari	rend.	Livery	1100	95.	
	23a. B	BURIAL, CREMATION, REMOVAL			NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	-	Burial	1/22/	85 Mc	Donog	h Schoo	1 Chape				Maryland
H	T.e	INERAL DIRECTOR	1 C. Wi	take Artino	rol U	omos D	25a. DATE	REC'D. BY REGISTRAR		24 ason-1	URE
	16	roy…M. & Russel 30 Edmondson Av	enue Ca	tonsville	Md	21228	A. JAN	22 1985	Turus	- Intobar-M	- Induca

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

should be detached for use as the burial-stansit permit. Then please remove carban papers. Pages with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If hem 21 is marked at Item 18 shows any injury, or other traumatic event, th



injury, or other troumotic event, the medical

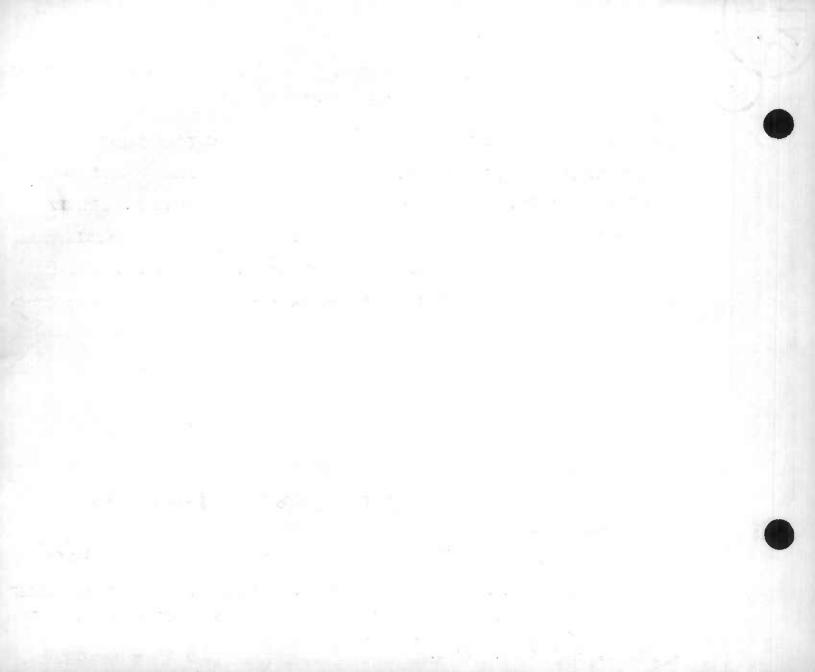
with the State Dept of mouved or them 18 shows

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1 -	STATE REGISTRAR				CERTIE	FICATE OF DEAT	H	REG. NO	D.		
h	. DEC	CEASED NAME	FIRST		MIDDLE		LAST	T	20 DATE OF DEATH		YE AR	2b. HOUR
ı	{ TAPE	OR PRINT!	PEGGY	7	R.	ROSE	NBERG		JANUARY 1	,1985		4:50 RM
1	SEX	K .	1 2001	4. RACE		5. DATE	OF BIRTH		6. AGE (IN YEARS LAST BIRT	(HDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
ı		FEMALE		WHITE		MA	7 26,°1921 °	EAR	63	YRS.	VIHS DAYS	HOURS MIN,
1	a BII	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8.	DXX NEVER MARR	IED 🗆	BALTIMORE CITY O		FDEATH	
4		IARYLAND TY OR TOWN OF DEA	ATH		HOSPITAL, NI		OR OTHER INSTITUT	ION	BALTIMO 170 USUAL OCCUPATION	ON	126. KIND Q	MD.
1	0	WINGS MILI	.S	5 BARN	CH FACILITY, GIVE:	CT			HOUSEWIFE		AT F	HOME
1	USU/	AL RESIDENCE (# NURS	13b. COU	OTHER INSTITUTION	GIVE RESIDENCE		113d. INSIDE CITY LI	MITS?	13e STREET ADDRESS /	ZIP CODE		
4		IARYLAND		LTO.		S MILLS	YESXIX NO		5 BARNSTAI		#2	1117
Ť		THER'S NAME					15. MOTHER'S MAI	IDEN NAM	E			
1		LOUIS		WIDDIE	EMPER		MAR)		WIDDLE		REVE	
T		VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES?	166. SOCIAL	SECURITY NO.	17 INFORMANT	ALV	IN ROSENBER	₹Ġ		
		IO	(# 123, 011	TE WAR ON DAIES	800-0	4-3998	5 BARNSTA			MILLS	MD_	21117
F		18. CAUSE OF DEAT	H (Enter or	nly one couse pe	line for (o), (b	o), and (c).1					BETWEEN	MATE INTERVAL ONSET AND DEATH
Т		PART I. DEATH W		ID BY: TE CAUSE (a)		anci	non	L	4		20	120m
	TION		ng the lost.	conditions <u>c</u>	ONTRIBUTING				nal disease or coni			
	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	D	206 AUTOPSY?	20b. IF YES, V IN CERTIFY II YES		
1	MEDICAL CERT	21g. ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DE	ATH HOUR A	.m. month .m.	DAY YEAR		OCCURRE	D (ENTER NATURE OF INJUR	RY IN ITEM 18 PART	I OR PART 21	
	MED	21d. INJURY OCCUR	HRE 🗍		OF INJURY REET, FACTORY, O	FFICE, FARM, ETC.)	21f LOCATION STREET	- 93	CITY OR TO	wn	COUNTY	STATE
		22a I certify that (I) sow the decess above, III five) (22b. SIGNATURE)	(this hosp ed alive or did (did no	or) view the body		00	DEGREE		MEDICAL STAI			
1		DAVID					10219 S	וזחת	FIFLD RD (WINGS	MTIIC	MD 21115
+		BURIAL, CREMATION,	REMOVAL			23t. NAME OF	CEMETERY OR CREM		23d LOCATION		MILLS	
		BURIAI		JAN.3,		HAR SI		ar	OWINGS N		BALTO	
		UNERAL DIRECTOR		LEVINSON	ADDI	RESS		ZSO DATE	REC'D. BY REGISTRAR			
1	6	010 REIST	ERSTO'	WN RD.	BALTO.	, MD	21215	JAN	9 1965	julia Dai	4dson-1	andelle

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



6010 REISTERSTOWN RD., BALTO., MD

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYG

FOR

(VRA 15, 4)

STATE

THE NOT THE SEC OF LITTLE SEC. CM Y I HAL I LANGE

		REGISTRAR CEASED NAME E OR PRINT)	FIRST	MI	DDIE	LAST		20 DATE OF DEAT	H MONTH E	DAY YEAR	2b. HOUR
			lliam	Leona	rd Ross			Jan	ary 29 19	985	
\	3 5	X	4	RACE		5. DATE OF BIRTH	DAY YEAR	6. AGE (IN YEARS LAS		MONTHS DAYS	IF UNDER 24 H
		Male		Caucasi	an	July 31	1014	70	YRS.		
	7a. E	IRTHPLACE (STATE OR	FOREIGN 7		HAT COUNTRY?	8	EVER MARRIED	9. BALTIMORE CIT	Y OR COUNTY	OF DEATH	
d		Minnesota		ILS A		WIDOWED [DIVORCED [Baltimor	e County		
-	10 0	ITY OR TOWN OF DE	ATH 1		OSPITAL, NURSIN	G HOME OR OTHE	RINSTITUTION	12a USUAL OCCUI	PATION	12b. KIND OF E) INDUSTRY	BUSINESS
X		Woodlawn	-	6711 Ed	and Ave.			Engineer			ruction
16	USU 13a.	IAL RESIDENCE (IF NUR STATE	13b. COUNT	THER INSTITUTION, O	TIVE RESIDENCE BEFORE	ADMISSION) N 13d. IN	SIDE CITY LIMITS?	13e STREET ADDRE	SS / ZIP CODE		
V_		Maryland	Balti	more	Woodlaw	n YES {	□ NO □X	6711 Edw	ard Ave.		21207
	14. F	ATHER'S NAME		DDIE	LAST	15 MC	THER'S MAIDEN N	AME	I.E.	LAST	
30		William James		DOTE	th31		Nina Evagel	ine (nee Leo			
1	16a	WAS DECEASED EVER	IN U.S. ARM	ED FORCES?	66. SOCIAL SECU		ORMANT Mrs. Mary I		DDRESS		2120
-		No	(IF YES, GIVE	WAR OR DATES	217-03-	0056	6711 Edward	l Ave.	Baltimo	ne	Marylan
		7	IH (Enter only	one couse per l							MATE INTERVAL
		18 CAUSE OF DEAT PART I. DEATH V			Hugnost	est Ke	ent dissert			since	
event, the	-		IMMEDIATE	CAUSE (o)	116411090	יוניטונ.	0(3)-1			PTITCE	17/
ţ.	1			DUE TO OR	AS A CONSEQUE	NCE OF					
E		C- 100 16		/ DOL 10, OK	AS A CONSCOOL	1100					
traumatic	1	Conditions, if any		(b)	-						-
ather t		couse (o), stoti		DUE TO OR	AS A CONSEQUE	NCE OF					
-	1	underlying couse	e lost.		7.0 7. CO. 102 CO.						
				(Ic)							
Juny,	z	PART 2 OTHER SIG	NIFICANT CO	INDITIONS CO	NTRIBUTING TO L	DEATH BUT NOT RE	LATED TO THE TER	MINAL DISEASE OR C	ONDITION GIV	EN IN PART TO	
-	CERTIFICATION	19a DATE OF OPERA	TIONI	TIBL CONDIT	IONI EOR WHICH	OPERATION WAS	DEDECIDATED	20a AUTOPSY?	20k IF VES	S, WERE FINDIN	CSTISED
ou o	0	198 DATE OF OPERA	TION	198. CONDI	ON FOR WHICH	OFERATION WAS	FERTORMED	100 A010131:	IN CERTIF	YING CAUSES	OF DEATH?
7] E							YES NO	YE.	S 🗌	NO 🗌
C	1 8	21a ACCIDENT WAS UN		21b. TIME OF		21c H	OW INJURY OCCU	RRED (ENTER NATURE OF	INJURY IN ITEM 18 P	PART I OR PART 2)	
		OR CONTRIBUTING									
or mem to	MEDICAL	(IF EITHER, NOTIFY MED		P.N		19					
5	8	21d. INJURY OCCUR		21e. PLACE C	F INJURY ET, FACTORY, OFFICE, F		CATION	CITY	OR TOWN	COUNTY	STAT
	₹	WHILE NOT W	HILE	(AT FIGME, STRE	EL, PACIONT, OFFICE, F	and ere j					
		AT THE				10/17/	78			10	
	1	228.1 certify thof		affinded the	deceased from_	30	. 19	, to			hot (I) (we
S Horked	1	I cam the decome	sed alive on_	1		ond that i	n (my) (our) opinio	n death occurred on the	he date and hou	ir and from the c	ouses state
	1	abarra (1) /u = 1	ura prid nati	The body o	ner deorn.	DEGREE				22c. DATE S	GIGNED
	1	obove, (1) (we) (1.1			PLOKE				The state of	1
		obove, (I) (we) ((W	110 100			ATTENDING	MEDICAL	STAFF		110
		obove, (1) (we) ((V	WILLER			ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN []	113	1185
		obove, (I) (we) (22b. SIGNATURE 22d. PHYSICIAN'S N	IAME (TYPE OR	PRINT)		77e A	ATTENDING PHYSICIAN DDRESS	MEDICAL DIRECTOR PH	STAFF YSICIAN []	1/3	1185
		obove, (I) (we) (22b. SIGNATURE	IAME (TYPE OR	PRINT)			PHYSICIAN	DIRECTOR PH	YSICIAN 🗌	alto. 1	1185
	73e	obove, (l) (we) (276. SIGNATURE) 226. PHYSICIAN'S N Ralph W	IAME (TYPE OR eber,	M.D.		243	physician ddress 5 W. Be.	Volrector PH	Ave. Ba	alto. 1	vid. 2
	230.	obove, (I) (we) (22b. SIGNATURE 22d. PHYSICIAN'S N	IAME (TYPE OR eber,	PRINT)		243	PHYSICIAN	Vedere 2 23d LOCATION CITY OR TOW	Ave. Ba	COUNTY	STATI
If Nem 21 is		obove, (I) (we) (27% SIGNATURE 274 PHYSICIAN'S N Ralph W BURIAL, CREMATION (SPECET)	IAME (TYPE OR eber,	M.D.	236 1	243	PHYSICIAN DDRESS 5 W. Be. TY OR CREMATORY THE PROPERTY OF THE	Vedere 1 23d LOCATION CITYORTOW Sylvestyi	Ave. Ba	county	siai Marvla
		obove, (I) (we) (27b SIGNATURE 22d PHYSICIAN'S N Ralph W BURIAL, CREMATION (SPECEY)	eber,	M.D. 23b. DATE 2/1/85	236 1	243 NAME OF CEMETER Lakeview Me	PHYSICIAN DDRESS 5 W. Be. TY OR CREMATORY THORYTAL PARK	Volrector PH	Ave. Ba	county	sia Marvla
IMPORTANT: If them 21 is marked	24	obove, (I) (we) (27% SIGNATURE 274 PHYSICIAN'S N Ralph W BURIAL, CREMATION (SPECET)	lame (Type or eber, REMOVAL	23b. DATE 2/1/85 Byers Fu	neral Dire	243 NAME OF CEMETER Lakeview Me ctors, Inc.	PHYSICIAN DDRESS 5 W. Be. TY OR CREMATORY MORTIAL PARK	Vedere 23d LOCATION CITY OR TOW	Ave. Ba	county	sı Marvl

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may be

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIER
- STATE REGISTRAR	CERTIFICATE OF DEATH

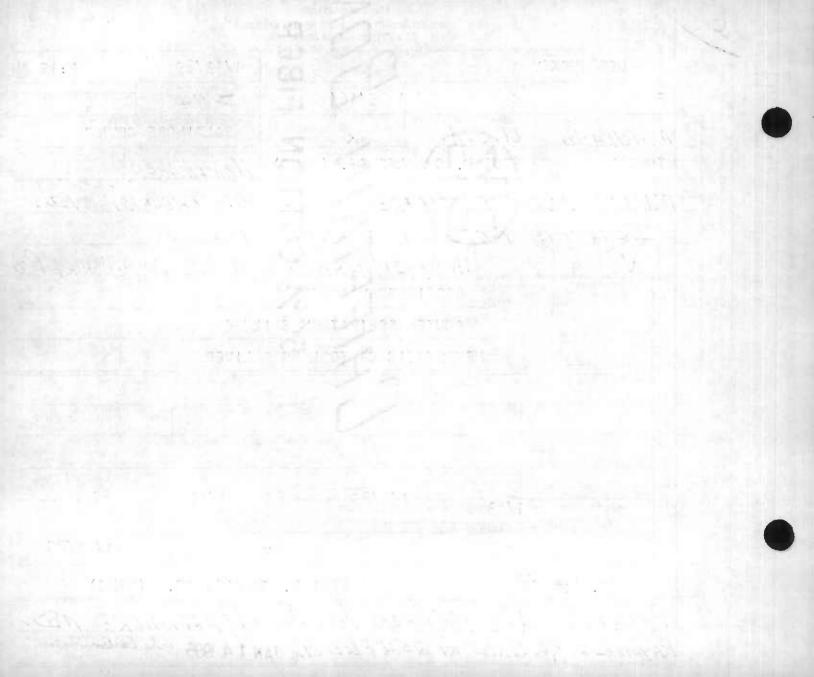
STATE OF MARYLAND	50	prof.	Ω	0	5	3	- (3)
TMENT OF HEALTH AND MENTAL HYGIENE	0	~	0	0	()	G	0
CERTIFICATE OF DEATH		REG NO					

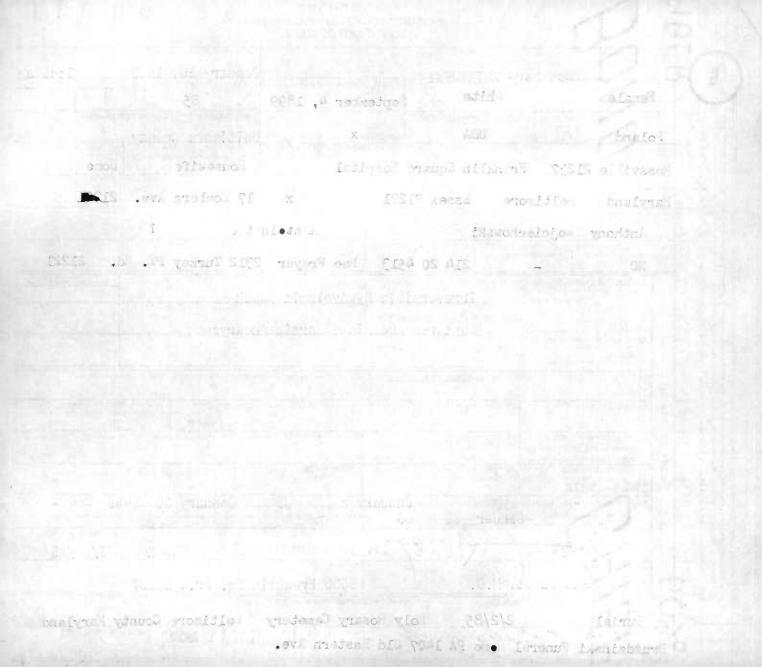
	NE O TO THE ME			REG. NO		
1. DI	PE OR PROSE RUSKEY	MIDDLE	LAST	1/13/85	AONTH DAY YEAR	2:15 AM
3. SI	EX	4 RACE C	5. DATE OF BIRTH MO54/16/A10 YEAR	6. AGE (IN YEARS LAST BIRTH	MONTHS DATE	IF UNDER 24 HRS HOURS MIN.
7a 8	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	U. S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALT IMO	COUNTY OF DEATH	MD.
T	OWSON	670 Tuch No. III CHAR		12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) 12b. KIND (WORKING LIFE) INDUSTRY	OF BUSINESS OR
13a 114 F	WAS DECEASED EVER IN U.S. ARE (YES. NO OFUNNOWN) 18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause last.	MIDDLE LAST MED FORCES? 166. SOCIAL SECU- WAR OR DATES) All yone couse per line for (a), (b), (a) DUE TO, OR ASACOPTED UI (b) DUE TO, OR ASACOPTED UI (c)	IS MOTHER'S MAIDEN NAME OF THE STREET OF CATOLUNG &	LURE LIVER	PAMMERSH BETWEEN	URE RO
CERTIFICATION	190 DATE OF OPERATION		DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDI IN CERTIFYING CAUSE: YES	INGS USED
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTHY MEDICAL EXAMINE) 21d. NULLYY OCCURRED WHILE NOTHY MEDICAL EXAMINE AT WORK AT WORK 22a certify that (I) (this, hosp sow the deceased alive on above, (I) (we) (di	P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE: 6 (101) 111/11/11/19 21 the deceased from	211. LOCATION	city or tow 1/13	n county	STATE that (I) (we) lost
	obove, (I) (we) (del Tulifus IL SIGNATURE 22d. PHYSICIAN'S NAME, 1179E C DR . LOBA	OR PRINT)	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF	22c DATE 1/1	3/85
1	BURIAL, CREMATION, REMOVAL DECEMBER 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23h DATE /1985 35 1/16/1985 5	NAME OF CEMETERY OR CREMITORY A CRED HEART JESU 525 FLEET \$ 250 DAT	23d, Ogation y or toyal e rec'd. By registrar 2 N 1 4 1985	MORE SUPREGISTIANS SIGNAL JUNE DEVICES	MD.

DHMH - 16 60M 7/84 (VRA 15, 4)

retained by the haspital ar attending physician.

IMPORTANT. If them 21 is marked or them 18 shows any injury, ar other traumatic event, the medical TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.





, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
BALTIMORE,
W. PRESTON ST.
201 V
DIVISION OF VITAL RECORDS, 201

Film G603 item 6

X	ĺ		FOR 5/17/85 STATE REGISTRAR	rja DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	6 3 2
Market St.			EASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEA	4
y be	/	() Tre	Merri:	11	Saylor	January 4, 1985	740 AM
ge 4 mo)		3 SE)	Male	White	5. Day's OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YMONTHS D	YEAR IF UNDER 24 HRS
eoth. Pog	B	7a BII	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Co.	H MD.
of A	10		atonsville	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) 121 Arbutus		126 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) INDUS	ND OF BUSINESS OR TRY
24 hour	96	USUA 130. S M.	TATE 136 COUN	other institution, give residence before NTY 13c CITY OR TOW Catonsv	N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 121 Arbutus Ave.	21228
mpletely ond 2 st	- Komine	14 FA	THER'S NAME Claude Sa	aylor LAST	15 MOTHER'S MAIDEN NA	UNK	LAST
n ond co	medicol	16s V	VAS DECEASED EVER IN U.S. AR ES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU (E WAR OR DATES) 296-18-7		ard 121 Arbutus Av	е,
ires that the death certificate gned by the attending physic in please remove carbon pape burial, cremation, or removal.	injury, or other troumotic event, 1)		Conditions, if ony, which gove rise to immediate couse (0), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (Man T Ference Ce	el Ca hung 2	6 MOS
he low requon. on. hos been si t permit. The	ony in	CERTIFICATION	190 DATE OF OPERATION 4/20/83	196. CANDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FI	
SICIAN: The physicic certificate ricol-transit entol Hygie		MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PAR	7 2)
Offending offending ser this	rked or	MED	21d NUURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F	ARM ETC.)	CITY OR TOWN COUNT	Y STATE
TTENDIN pitol or TTOR: Af- for use o	21 is mo		saw the deceased alive on	tol) of tended the deceased from	A(U). 10 , 19 13	deoth occurred on the date and hour and from	
TO HOSPITAL OR A retoined by the hos TO FUNERAL DIREC should be detoched with the Stote Dept.	PORTANT: # hem		22 SIGNATURE	Au wan &	DEGREE ATTENDING PHYSICIAN [22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN /-	4- P.C
5 to 5 to 3	3		URIAL, CREMATION, REMOVAL	236. DATE 23c N	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN COUNTY	STATE
BP	- 8		Burial	1-9-85 Ga	rrison Forest V		1 e M.I
DHMH - 16 50M 4/	/83		NERAL DIRECTOR	F/H 1101 E. N		7. A Owings Mil TERECO BY REGISTRAR 256 REGISTRAR SSTO N 7 1985	MATURETU.
		447	ne C. Marcil	-/	NOLTH AVE. LJAI	170	73

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	DEPARTN	NENT OF H	E OF MARYLA EALTH AND N ICATE OF D	ENTAL HY	GIENE 8	REG. NO	0	0	6	3	3	
_	WIDDIE		AST	160	January 26, 1985 4:5							
1	Andrew	SA	UER		Janu	4:5	OP M					
White		S. DATE C	6 1907	7 YEAR	6. AGE (INY)	EARS LAST BIRT	HDAY) YRS.	# UNDE	DAYS	IF UNDER HOURS	24 HRS MIN,	
	WHAT COUNTRY?	MARRIE WIDOW	D NEVER M	ARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH							
	HOSPITAL, NURSIN			ITUTION	Crerk	Highw	on ay D	er CAD	KIND O	F BUSINE	SS OR Cour	
RINSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE CI	TY LIMITS?	13e STREET /	ADDRESS /	zip con Ave	E	2122	21		
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DUE TO, C	Pneumor					P.						
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DITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	AINAL DISEAS	E OR CONI	DITION GI	VEN IN I	PART II			
19b. COND	DITION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	20a AUTO	OPSY?	20b. IF YE	S, WERE	FINDIN	IGS USE)	

CITY OR TOWN

COUNTY

in Navason Mandala

STATE

underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS C

19a DATE OF OPERATION 19b. CONDI NOXI NOF YES | 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART TOR PART 21

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION

NOT WHILE sow the deceosed olive on January 26, 1985 and the second from January 85 January

sow the deceosed olive on January 26. above, (Kiwe) (did) (child) view the body after death and that in (Xy) (our) opinion death occurred an the date and hour and from the causes stated 226. SIGNATUR DEGREE 22c DATE SIGNED

MEDICAL 1/26/85 PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIANS

9000 Franklin Square Drive

23c Name OF CEMETERY OR CREMATORY 23d LOCATION

Gardens of Faith Cemetery Fire or Baltimore Co., Md. STATE 23a BURIAL, CREMATION, REMOVAL 1/30/85 25a DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

7407 Old Eastern Ave

DHMH - 16 50M 4/83

BP

(VRA 15, 4)

CERTIFICATION

MEDICAL

FOR - STATE REGISTRAR DECEASED NAME TYPE OR PRINT

Male

Maryland 14 FATHER'S NAME

No

BIRTHPLACE (STATE OR FOREIGN

Baltimore, Md

WSUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION

John In WAS DECEASED EVER IN U.S. ARMED FORCES

Conditions, if ony, which

gove rise to immediate couse (o), stoting

18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:

18. CITY OR TOWN OF DEATH Rossville 21237

SEX

Michael

4 RACE

Baltimore

MIDDLE Sauer

I IF YES, GIVE WAR OR DATEST

IMMEDIATE CAUSE (0)_

76 CITIZEN OF

11. NAME OF

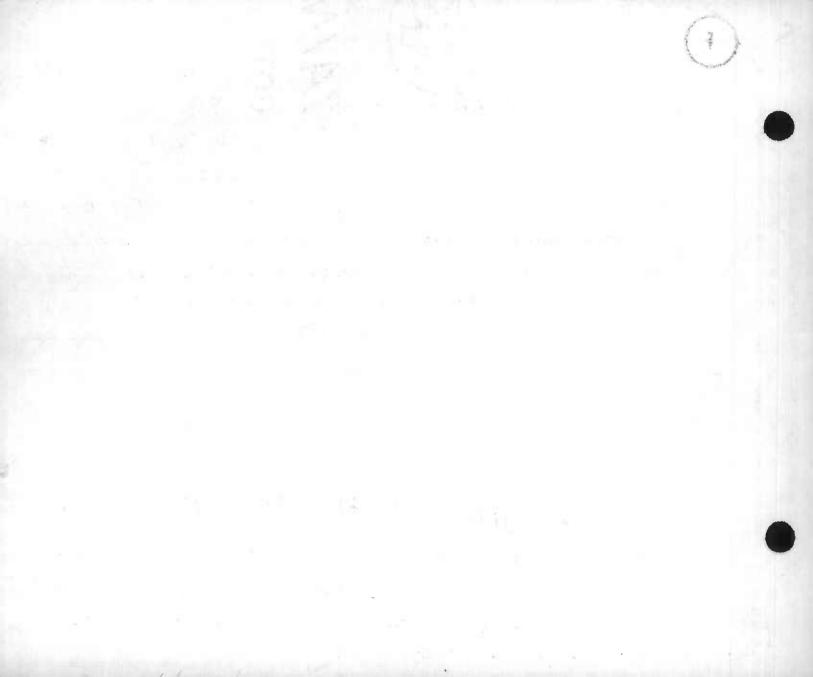
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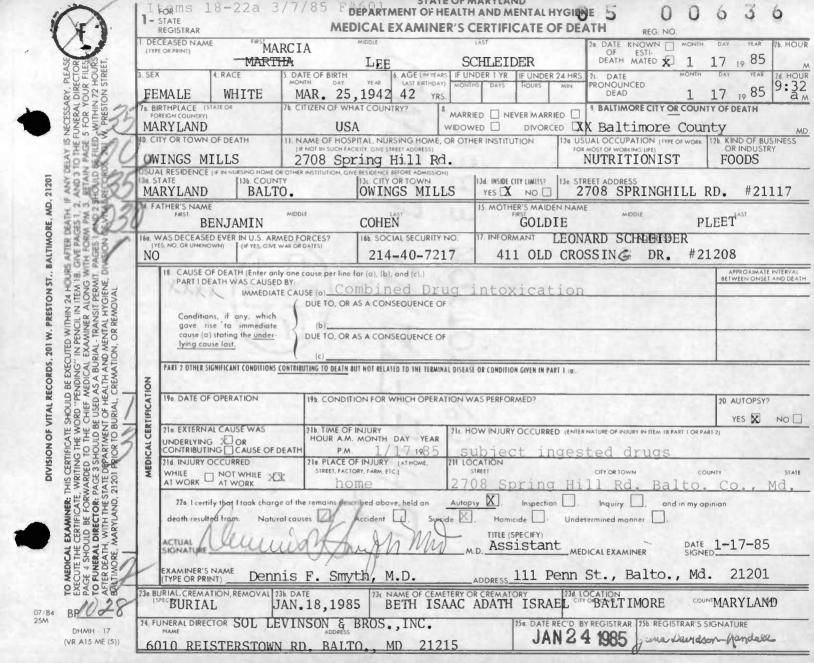
(AT HOME, STREET, FACTORY, OFFICE, FARM ETC.)

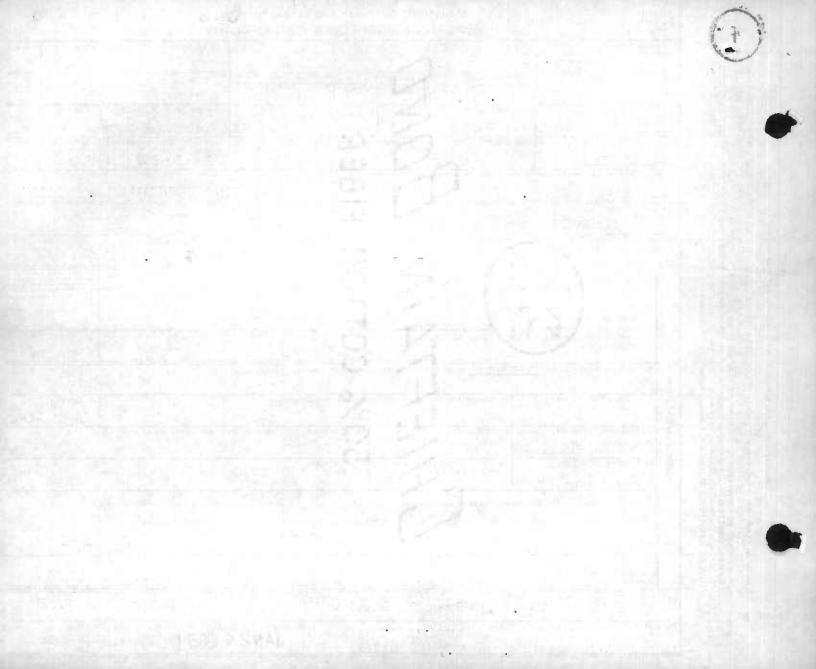
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PIEAS FILES FOURS	3. SEX	EV	I RACE	S DATE OF BIRTH	YEAR		UNDER 1 YR. IF	F UNDER 24 I	DEATH HRS. 2c. DATE	MATED _	MONTH	DAY YE	AR 24 HOUR
RALDIE RALDIE RALDIE RESTON	Jan Bi	RTHPLACE (STA	White	Sept 5	1920 HAT COUN	64 YRS.			DEAD	ORE CITY O	1/26 DR COUNTY	19 8	JAM
DA558		Marylar		U.S				DIVORCED		Baltimo		ounty 2h KIND OF	MD.
PAGE PAGE Solo	2	Catons	ville	120 Ch	erryd	ell Rd. (Residenc		FOR MOST OF WOR	RKING LIFE)	OFWORK	OR INDU	STRY
	13a S		13b COUN Balt:	or ather institution, G ITY imore	13c. CITY	OR TOWN	13d. INSIDE CITY		STREET ADDRE		Rd.	21228	8
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITHING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND: ROED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETA BE SHOULD BE USED AS A BURAL. TRANSIT PERMIT PAGES 1 AND 2 SHOULD EDEPARTMENT OF HEALTH AND MENTAL HYGIENE. DIVISION OF WITH RECORD PRIOR TO BURIAL, CREMATION, OR REMOVAL.)	THER'S NAME Danie		WIDDIE	Sche	tast arbauer	FIRS	S MAIDEN N	AME "	AIDDLE		IAST	
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ON ST., B./ 24 HOURS, ITEM 18. IG PERMIT. P. GIENE, DIV		IE CAUSE OF PART I DEA	ATH WAS CAUSE	nly one couse per line D BY: TE CAUSE (o)	e far (o), (b), and (c))	1					APPROXIM BETWEEN OI	MATE INTERVAL MISET AND DEATH
RESTON SI THIN 24 HO ILL IN ITEM I ER ALONG INSIT PERMI ILL HYGIENE, REMOVAL.			s, if ony, which	DUE TO, OF	R AS A CON	SEQUENCE OF							
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E SHOULD E WORD ''PEN PEN PEN PEN PEN PEN PEN PEN PEN PEN	CERTIFICATION	190. DATE OF	OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?						20 AUTOP			
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DIVI TO MEDICAL EXAMNER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE A SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFIER DEATH, WITH THE STATE B BALTIMORE, MARYLAND, 21201 F		22a. I certifi death resulte		ge of the remoins de	scribed abo	ive, held an Au	lapsy ,		Inquiry		id in my opi	nian	
AL EXANHE CERTHE CERTHUD IN THE CERT		ACTUAL SIGNATURE_	Starly (Felsonberry 1	MM.		TITLE (SPE M.D. Depti	ECIFY)	MEDICAL EXAM	AINER	DATE	1/26	18
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BP	(:	Enton	ment	Jan 30 1		Lorraine	Park Cem	etery	Balti	more	COUNT	Maryla	state
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90 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		CEASED NAME CHARLE	les Eugene	. Schmidt	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR /2 AI M
actor 4 mo	3. SE	Male	4. RACE White	5. DATE OF BIRTH MONTH DAY 9 9 6 6 6 6 7 7 8 8 8 8 8 8 8 8 8 8 8	6. AGE (IN YEARS LAST BIRTHDAY) YRS	
1686		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED		12b. KIND OF BUSINESS OR
4 90		Randallstown	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	narsing Conter	(Type of work for most of working	
of filled by the state of the s	13a. S	THER'S NAME	134 CITY OR TO		13e STREET ADDRESS / ZIP CO	Robe Pd. 2115
Complete out		VAS DECEASED EVER IN U.S. AR	MED FORCES? 1166 SOCIAL SEC	MIdT	MIDDLE	Bentrick
Cion and		res, NO GRUNKNOWN) IN YES, GIV	E WAR OR DATES)	Charles F. Sc	hmidt Sykesv	AKANG Rd. III-e, MD 21784 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
certificate ding physici orban papel or removal.			lly one couse per line for (a) (b), o D BY: [E CAUSE (a)	WILL WOULD		BETWEEN ONSET AND DEATH
the death ce the attending temove corb emotion, or retraumatic		Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	Coronary and	tery chrease	Y2075
RDS, 201 W. PRESTON ST., BA equires that the death certificate in signed by the attending physic Then please remove corbon pape to buriol, cremation, or remaval injury, or other traumatic event, th		underlying cause last.	DUE TO, OR AS A CONSEQUE (c)	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION C	SIVEN IN PART Ito
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMONE, MARTELAND ST., BALLIMONE, MARTELAND ST., BALLIMONE, MARTELAND ST., BALLIMONE, MARTELAND ST., BALLIMONE, MARTELAND ST., BALLIMONE, BALLIMONE, T., DEFENDED ST., DEFENDED	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	HOPERATION WAS PERFORMED	IN CER	(ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
PHYSICIAN: The law reending physicion. this certificate has been the burial-transit permit. Ind Mental Hygiene prior of or Item 18 shows any in		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH		RRED (ENTER NATURE OF INJURY IN ITEM T	8 PART I OR PART ?)
DIVISION C or ottending or ottending or ottending te os the burio tolith and Meni marked or Ite	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE.	720 1 0 = 6	CITY OR TOWN	COUNTY STATE
TTEND or piral or transfer use for use of Heal		saw the deceased alive an above, (1) (we) (did) (did no	tal) attended the deceased from (M) 19_ It) view the body after death.		n death accurred on the date and h	
TAL OR A Ny the hos NAL DIREC detached tote Dept		22h SIGNATURE	lato mo	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	1/15/85
O HOSPITAL O TO FUNERAL D should be detac with the Store D		B. MATO	S. M.D	21 CRANBA	OOK Rd COCKE	YSVILLE Md. 2103
BP		BUCIAL SPECIFICATION, REMOVAL	1-17-85 23c	NAME OF CEMETERY OR CREMATORY NEW OAKland	Sy Kes VIIIE ATE REC'D. BY REGISTRARIZS REG	Came II STATE
DHMH - 16 50M 4/83 (VRA 15, 4)		Hame H. H	raight Syk	esville MD	JAN 1 6 1985	Lavidson Randon



DHMH - 16 50M 4/83

(VRA 15, 4)

FOR - STATE

REGISTRAR

FIRST

DECEASED NAME

(TYPE OR PRINT) January 30, 1985 **JENIFER** SCHMIDT 5. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY) 3 SEX 4 RACE MONTH CAUCASIAN FEMALE Sept 3, 1932 TO BIRTHPLACE (STATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED ENEVER MARRIED Baltimore County Michigan WIDOWED O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LIYPE OF WORK FOR MOST OF WORKING LIFE! Greater Baltimore Medical Center Towson Homemaker SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13e STREET ADDRESS / ZIP CODE 1136 COUNTY 13r. CITY OR TOWN 13d INSIDE CITY LIMITS? 101 Othoridge Road 21093 Lutherville YES | NO T Maryland Baltimore 15 MOTHER'S MAIDEN NAME I € FATHER'S NAME John Kaminski Mary ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LIF YES, GIVE WAR OR DATEST LYES NO OR UNKNOWN Mr. Marvin K. Schmidt same as # 13 363-34-4932 No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE TO Hepatic failure secondary to fatty liver DUF TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Chronic pancreatitis 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 9a DATE OF OPERATION NO YESK 21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE FARM ETC.) STREET NOT WHILE 220 I certify that (I) (this haspital) attended the decomed from January 27 19 85 10 January sow the deceosed olive on January 30 226 SIGNATURE DEGREE ATTENDING MEDICAL

_19__85___, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN /31/85 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS Charles C. Brown, M.D. 6701 N. Charles St. Baltimore MD 21204 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 236 DATE STATE (SPECIFY) Burial 2/4/85 Garrison Forest Cem. Baltimore Maryland 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc. 1050 York Road

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO 20 DATE OF DEATH MONTH

2b. HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO []

Ozust

206. IF YES, WERE FINDINGS USED

YESXX

IN CERTIFYING CAUSES OF DEATH?

IF UNDER 1 YEAR

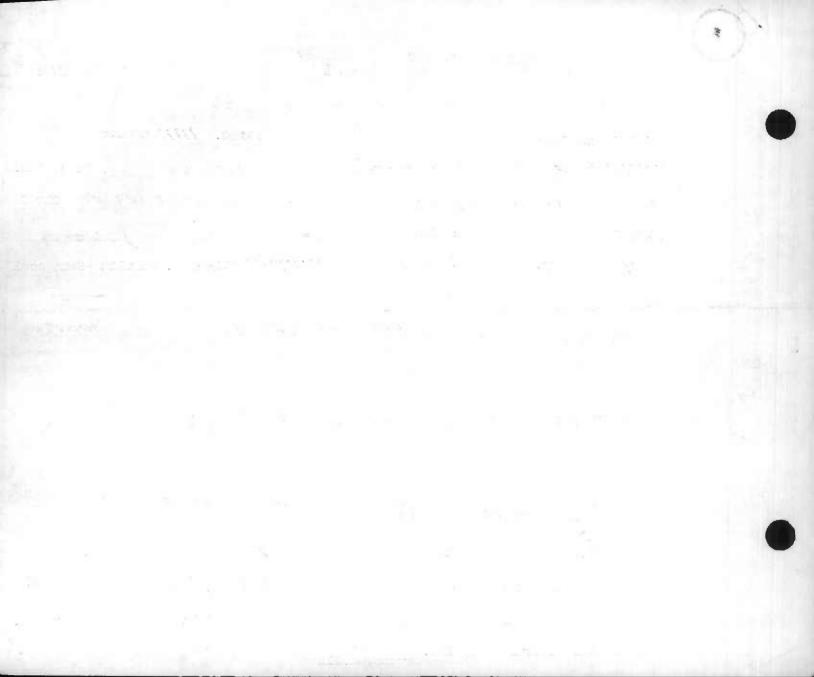
6:04 P.

A 12 February 1991		
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	Allow And Charles and Charles	
MANUFACTURE NAME OF THE PERSON		

. 5-5-00	1	100		STATE OF MARYLAND	8 5 0	0 6 3 5
- 170	1.	STATE REGISTRAR	DEPAR	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME 1891	ODLE	LAST	Zo. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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A mo	a. se		4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS M
bge ber	1	RTHPLACE I WAS ON FOREA	76 CITIZEN OF WHAT COUNTRY	77 78	9 BALTIMORE CITY OR COUNT	Y OF DEATH
# 12 85		COUNTRY) At J	// C /	MARRIED NEVER MARRIED	Balda County	TOPBEATH
1 11 10	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS
1 19 %	B	alto.	Persing Physics	Nursino Home	Enoraver - Kink	
2 30 01	ethu Ha	AL RESIDENCE IF MUSING HOME OF	COTHER INSTITUTION GIVE RESIDENCE MEAD	ME ADMISSION)	13e STREET ADDRESS / ZIP COD	
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1 1 20	1	£ 1851	MEIDLE C / LAST	FIRST	MIDDLE	O LAST
		VAS DECEASED EVER IN U.S. AR		77-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	ADDRESS	Daugelat
and by	1	YES, NO CIE UNINOWN) (# YES, ON	216-07	-7530 Marie K. S.	chneiden 7107 H	ursord Rd. 212
1 31 0	H	The state of the s	nly ane cause per line for (a), (b), o		Solement from the	APPROXIMATE INTERVA BETWEEN ONSET AND DE
they move sent.		PART I DEATH WAS CAUSE	TE CAUSE (o)	. CEREBRAI VI	SMULAR DIS	6-4-80
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to by the		underlying couse last	(jel	FISC.	VD-	
o the	z	PART 2. OTHER SIGNIFICANT	conditions <u>contributing</u> to	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART Ito
1 11 1	Į Ę	19s. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
A separate	CERTIFICATION	PARTITION OF THE PARTIT				IFYING CAUSES OF DEATH?
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A STATE OF S	SAL.	DE CONTREUTING CAUSE OF DE-	200	19		
T W W	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
0 1 2 1 0 N	12	AT WORK IN AT WORK	(AT BOME, STREET, PACTORY, OFFICE	1/11/10	1 1/1/1	05
A P P P P P P P P P P P P P P P P P P P		77x1 certify that (I) (this hasp	itali attended the deceased from	0/1/1/1900		, 19 0 J, that (I) (we)
ST OF ST OF		sow the decised alive or obove, (rule) (did) (did no	of view and bady after death.	3, and that in (my) (our) apinio	n death occurred on the date and ho	our and from the causes stated
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36		RTHPLACE (STATE OR FO	reign 7b.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	D T T TOO CO	OF DEATH UNTY MD
K	10. CI	TY OR TOWN OF DEAT		NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A ST. JOSEPH I	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE ENGINETER	126 KIND OF BUSINESS OR INDUSTRY Md. State Road
5		AL RESIDENCE (IF NURSIN		HER INSTITUTION GIVE RESIDENCE BEFORE 13c. CITY OR TOWN	ADMISSION) N 13d. INSIDE CITY LIMITS?		
2	/	THER'S NAME FIRST	MID		15. MOTHER'S MAIDEN N FIRST Bertha		Neidemver
/	F	VAS DECEASED EVER II	U.S. ARME			Alleen T. Sch	ultz -Same as#1
		PART I. DEATH WA	LEnter only on AS CAUSED E	one couse per line for (o), (b), onc BY: CAUSE (a) CARDIN	AC ARREST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	0	0 5	4 2
		CEASED NAME FIRST Edwar	rd d	Sch	ultz	AST	January 1		Y YEAR	26. HOUR 12:30pm
	3. SEX	male	4 RACE whit	e	5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
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5	13a S	al residence in nursing home state 135 co	UNTY	13c. CITY OR TOW	/N	13d INSIDE CITY LIMITS?	3916 Clare		St 212	224
Z		ATHER'S NAME FIRST dam	WIDDLE	Schultz		unknown	MIDDLE		LAS	1
2	0	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, U	ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECU 219 22 7		John Schultz	1247 S. 48t			222
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	(b)	R AS A CONSEQU						
	NOI	PART 2 OTHER SIGNIFICAN		ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON			
2	CERTIFICAT	19a DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		WERE FINDING CAUSES		
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT I OR PART 2)	
	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, 1	FARM, ETC)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		22a I certify that (*) (this has sow the deceased alive above, *) (we) (did) (\$)d	on Januar	v 1 19		nber 31 19 84 and that in (h) (our) opinion		,		that K (we) lost causes stated
		Fridly a	Luga	417			MEDICAL STA	FF CIAN 🔲	22c. DATE	SIGNED 1-985
1		Fred N. Su	gar, M.D.			9000 Frankl	in Square D	r.,2123	37	

BP. DHMH - 16 50M 4/B3

(VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

24 FUNERAL DIRECTOR Walter G. Dabrowski 1005 Dundalk Avenue

236. DATE

4/1985

236 BURIAL, CREMATION, REMOVAL Burial

23¢ NAME OF CEMETERY OR CREMATORY

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4 mo)	3. SE		4. RAC	E		5. DATE (DAY YEAR		AGE IN YEARS LAST BIRT	HDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
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oth. P		RTHPLACE STATE OR FO OUNTRY] NEBRASKA		USA	HAT COUNTRY	MARRIE	NEVER MARRIED		Ba Ltiv	M = F	COLDEATH	atu un
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this certifica		OR CONTRIBUTING C	AUSE OF DEATH	HOUR A.M. P.M.	MONTH	DAY YEAR						
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of S W W		BURIAL, CREMATION, F	REMOVAL 236.	DATE	230	NAME OF	EMETERY OR CREMATO	ORY	23d LOCATION CITY OR LOWN		COUNTY	STATE
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12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) 130 4908 Linda Ave. 21236 Bell Bell Mrs. Patricia A. Sears Same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 70n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO [21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (aur) opinion death accurred an the date and haur and from the causes stated 22c. DATE/SIGNED PHYSICIAN DIRECTOR PHYSICIAN 1/28/85 Cockeysville Balto. Dulanex, Valley Burial 24 FUNERAL DIRECTOR 21204 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE - a wardson- Hands Ruck Towson Funeral Home Inc, 1050 York Rd. AN 28 1985

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

1985

IF UNDER 1 YEAR | IF UNDER 24 HRS

24

DHMH - 16 50M 4/82 (VRA 15, 4)

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	CEASED NAME	FIRST		AIDDLE		LAST	20 DATE OF DEATH	MONTH DA		26 HOUR
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SE	FEMALE		4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	RTHPLACE (STATE OF COUNTRY) altimore,		USA		WIDOW		9 BALTIMORE CITY O	-		MD.
	OWSON	ATH		670 PIVE NEET		LES ST.	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Supervisor	F WORKING LIFE)	INDUSTRY	ephone
	AL RESIDENCE (IF NUE	136 COUN		GIVE RESIDENCE BEFORE 134 CITY OR TOW TOWSON		13d INSIDE CITY LIMITS? YES NO X	3D Fellows	ZIP CODE	ourt	21204
4 F/	ATHER'S NAME FIRST Willi		middle er Byrd	LAST		01evia	MIDDLE		LAS	i.
	WAS DECEASED EVEL YES NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 179 42]		Mr. Albert F	ADDRE B. Seward 3	BD Fell	lowshi	p Ct04
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	22a Landifu that (table born	المال معلم معامرا علا			/21 10 84	1/02		85	1

23a BURIAL, CREMATION, REMOVAL 23b. DATE Burial 1/5/85 24 FUNERAL DIRECTOR

MITCHELL-WIEDEFELD HOME, INC. 6500 York Rd.

CRAWFORD, M.D.

85

DEGREE

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Lorraine Park Cem.

ATTENDING PHYSICIAN

GBMC-6701

and that in (my) (our) opinian death accurred an the date and hour and fram the causes stated

MEDICAL STAFF

CHARLES ST.

Baltimore, Md.

250 DATE REC'D. BY REGISTRAR AND REGISTRAR'S SIGNATURE 2

1/02/85

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

and Mental Hygiene prior to bur

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ottending s the bur tond Me	MEDIC	21d INJURY OCCURR	ED IE	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	21f LOCATION STREET	CITY OF	RIOWN	COUNTY	STATE
ortol or TOR: Afr for use o of Heolth 21 is mou		22a I certify that (this hospital	Jan. 1	6 deceased from_	Dec.	29 , 19 84 d that in (n/) (our) apinion		161 and hour	9 <u>85</u> , ond from the o	that (we) los couses stated
the hosp at DIREC etoched ite Dept.	M	226 SIGNATURE	rest	way	lon		DEGREE ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN X	1220 DATE	SIGNED
oined by Ovld be d th the Sta					D		9000 Frankl			.237	
# 7 % 3 X	The state registrar in the registrar in		23b. DATE	23c 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	1	COUNTY	STATE	
BP				JAN.1	9. 185MO	RELAN	ID MEM. PARI		MORE CO		RYLAN
AH - 16 50M 4/83					ADDRESS		25a DAI	EREC'D BY REGISTR	AR 256. REGISTR	AR'S SIGNATI	URE
(VRA 15, 4)	MT	TTTAM E.	JOHN	SON 8	521 LOC:	H RAY	EN BEVIL	411 I O 138	0	The follow-	Mandale

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And I have no house					
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deale electrical		101.3		FEMALA	
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88515.34	and a same	Ross Street	~~~		
	A PARTY	354613			
Law Xi C			A DE		
				Table State Control	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR REG. NO DECEASED NAME MIDDLE 2a. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) JUCCOB DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAY! MONTH 1921 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH M. BIRTHPLACE (STATE OF FOREIGN MARRIED NEVER MARRIED MARYLAND DIVORCED WIDOWED Baltimerre COUNTY CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR LIE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) CTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY DRIVER USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION TISE. STATE SUN CAB CO. 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Beelfineer Loomis 3647 res 11/15 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE SACHS SIEGEL BENJAMIN HÄNNAH 17. INFORMANT MRS. GLADYS ADDRESSIEGEL 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (YES, NO THINKHOWN) 46 LOOMIS CT. OWINGS MILLS, MD 21117 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY BCUIL U.C.I BLUED IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF STress Ulcer Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying cause last. a Acute CareBral Vascular PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 115 CERTIFICATION Piralian Pruumania 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO IT 71m ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) MONTH DAY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH

21ª PLACE OF INJURY

19 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

DEGREE

23c NAME OF CEMETERY OR CREMATORY

HEBREW YOUNG MEN

CITY OR TOWN

sow the deceased alive on_ obove, (1) (we) (did) (did not) view the body after death 22h SIGNATURE

(IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

220.4 certify that (1) (this haspital) attended the deceased from,

21d INJURY OCCURRED

23a BURIAL, CREMATION, REMOVAL

(SPECIFY) BURIAL

STATE

M.D.

ATTENDING

32-18 Stockm111

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

DHMH - 16 50M 4/83 (VRA 15, 4)

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5

MPORT

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 60TO REISTERSTOWN RD. BALTO'S M D

JAN.28,1985

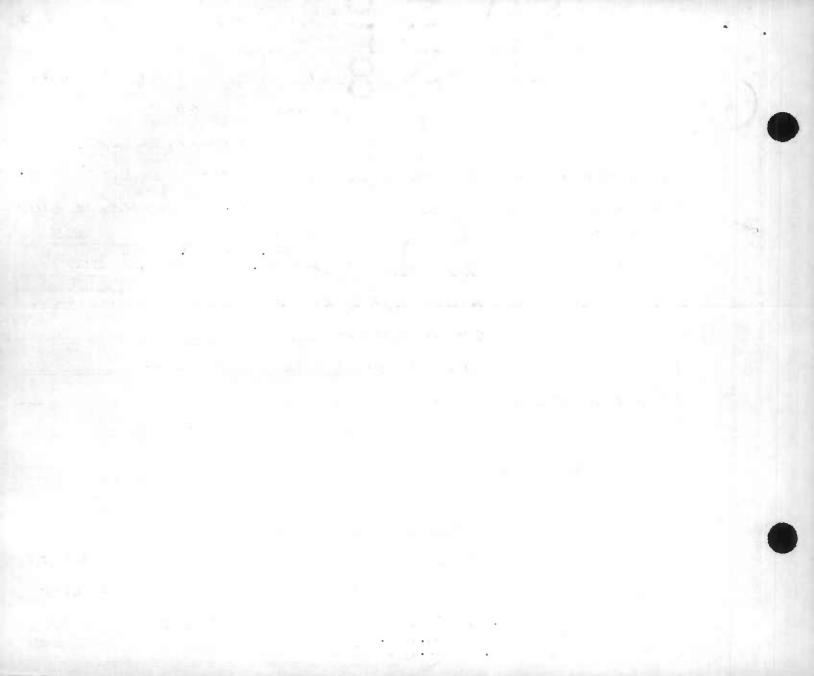
23b. DATE

BALTIMORE

COUNTY

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATIVE

23d LOCATION



by the funeral director filed within 72 hours aft

onld be

and 2 sh

as the buriol-transit permit.

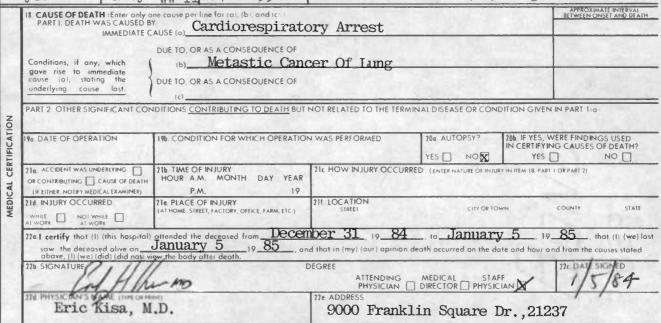
should be detached far use as with the State Dept. of Health

TO FUNERAL DIRECTOR

marked or Item 18 sh

MPORTANT:

FOR STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYL EALTH AND ICATE OF I	MENTAL HYG	IENE &	REG. NO).	0	0	6 4	1 9
DECEASED NAME	FIRST	A	AIDDLE	1	AST		20. DATE OF	DEATH	HINON	DAY	YEAR	26 HOU	R
FRE	ERI	ck	Y	olic	tta		Januar	rv 5.	1985			3:38	Вр м
J. SEX		4. RACE		S. DATE C		YEAR	6. AGE (IN YE	EARS LAST BIRT	HDAY)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS M.IN.
MALE		TIHW	E 8 MONTH		23	1920	64	64		MOITING	DATS	HOURS	an ara.
a BIRTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	XXXNEVER	WADDIED []	9. BALTIMO	RE CITY O	COUNT	Y OF DE	ATH		W. 3
Penna.		US	SA	_	NORCED	Balt	timore	e Cou	ntv			MD.	
CITY OR TOWN OF DE	ATH	11. NAME OF	OSPITAL, NURSIN	G HOME C	OME OR OTHER INSTITUTION 120 USUAL OCCUPAT			OCCUPATION	NC	12b.		F BUSINE	
Rossville			lin Squa		spital		(TYPE OF WORK FOR MOST OF WORKING LIFE Bartender				J.C.	¹s	
USUAL RESIDENCE (IF NURS 130. STATE Maryland	136 COU		GIVE RESIDENCE BEFORE 136. CITY OR TOWI		13d. INSIDE (ITY LIMITS?	13e.STREET A 4213	ADDRESS /	zip cob e Rd.	E Bal	lto.	, Mid.	21236
4 FATHER'S NAME FIRST Howard		MIDDLE	Silcot	t		s maiden na Vabel	ME	WIDDLE		Penr	nypa	cker	
60 WAS DECEASED EVER			166. SOCIAL SECU	RITY NO.	17. INFORMA	ANT		ADDRE	SS				
yes, no or unknown)	Nav	YE WAR OR DATES) Y WW 11	164-16-3	526	Eile	en M. S	ilcott	4213	Ridg	e Ro	i.	2123	6
18 CAUSE OF DEAT PART I. DEATH W	VAS CAUSE		line far (a), (b), and Cardiores		ory Arı	rest				.8		MATE INTER	
Canditions, if any gave rise to immediate (a), statir underlying cause	mediate ng the last.	(b)	R AS A CONSEQUE Metastic R AS A CONSEQUE	c Can	cer Of	Lung							



DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR ASSAHN FUNERAL Hame

1-9-85

230 BURIAL, CREMATION, REMOVAL (SPECIFY Burial

7401 BeIHIR RA BALTO. MD. 2123(

236 NAME OF CEMETERY OR CREMATORY Gardens of Faith CITY OR TOWN JAN 9 1985 La Day don Mandage

23d LOCATION

Baltimore, Mdw

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reserved to			Circle williams
.M., and a second of the	XX		main 1/2 and Distriction 1
calconomic -		vicoltó	200
March 421, 1th or un. 1 mage			
		LIE KALANT	
	The same of	an standi	

1	.Br.	Al
CORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDED FIFTS THE law requires that the death certificate be executed within 24 hours offer death. Flags 4 may previously by the haspital or attending physician.	TO FUNERAL DIRECTOR: Aller the certifical from been signed by the ortending physicion and completely filled in by the furne and disador, pages though the despectable of the within 7.2 feets often death
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	PHYSECIAN, The law requires that the death certificate be execute inding physician.	er the controlled that been signed by the attending physicion and con-
Ala C	TO HOSPITAL OR ATTENDING PHYSICIAN The Lefterhed by the haspital or afterding physician.	TO FUNERAL DIRECTOR: After should be detached for see on

DHMH

2	FOR STATE REGISTRAR		DEPARTM	ENT OF HE	OF MARYLAND ALTH AND MENTAL HYGI CATE OF DEATH	IENE 8 5	0	0 6	5 0
1)		RST MID RGARET	A.	5/	ider	1/14/85	MONTH DAY	85	10 AM
and or a	FEMALE	- A. RACE	te	5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIRT	YRS YRS	NOER I YEAR	HOURS MIN
	70. BIRTHPLACE (STATE OR FOREI	ON 76 CITIZEN OF WI	HAT COUNTRY?	MARRIED WIDOWEI	NEVER MARRIED .	9 BALTIMORE CITY O		DEATH	MD
by the f	MARY AND	ST. Jo	SEPH	OSP;	r OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Meat Wrapp)	F WORKING LIFE)	126 KIND OF INDUSTRY Retail	BUSINESS OR L Food
shauld be		COUNTY 13	ve residence before a 3c. CITY OR TOWN Baltimore	1	13d INSIDE CITY LIMITS? YES NO X	13. STREET ADDRESS / 415 Dumba		ad 212	212
complete 1 and 2	FIRST	0-	arlton	TV NO.	Margaret 17 NFORMANT	Gertrud	-	He	eil
on and c	(YES NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	216-20-68	Transaction	Mrs. Trudi Bo				
I by the attending physises remove carban pap eose remote a removo ol, cremotian, ar removo rr ather traumatic event,	PART I. DE ATH WAS	DUE TO, OR A		mar	bronthops	reunom	K	BETWEEN ON	ATE INTERVAL
retennen segenees in teen been signee mere proor to burn shorts priv injury, o	CERTIFICATION 114 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY	In COMPAN	2 AK ON FOR WHICH O	DPER NO	WAS PERFORMED	791 384 AUTOPSY7 YES NO	20L IF YES, W IN CERTIFYIN YES [ERE FINDING G CAUSES C	GS USED OF DEATH? NO
effecting physics for the certifical street would herefull the center of	OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICALE 21d INJURY OCCURRED WHILE NOTIFY AI WORK AI WORK	E OF DEATH HOUR A.M. XAMINER) P.M. 21e. PLACE OF	MONTH DAY	19	211 LOCATION STREET	CITY OR TO		COUNTY	STATE
the heaptrol or 1 DiRECTOR, All norbed for users a Dept. of Health	220. I certify that NJ (the	s haspital) attended the clive on	19_8		that in (m) (our) opinion d	MEDICAL STAF	F		
O FUNERA O FUNERA hould be de with the Stot	226 PHYSICIAN'S NAME	JEL C.H.	LEE, 1	U.D.	PHYSICIAN [DIRECTOR PHYSIC	TOWS	SN MI	91204
BP	230 BURIAL, CREMATION, REA (SPECIFY) Burial	23b. DATE 1-17-8.			METERY OR CREMATORY Ly Redeemer	23d LOCATION CITY OR TOWN Baltimor	9	DUNTY	STATE
HMH - 16 60M 7/84 (VRA 15, 4)	Mitchell-Wiede	feld Home 6			25a. DATE	1 8 1985	256 REGISTRAF	1 20	RE posite.

completely

certificate has

morked or Item 18

STATE OF MARYLAND

FOR STATE REGISTRAR		DEPARTA			ID MENTAL HYG F DEATH		G. NO.				
1. DECEASED NAME FI	RST	MIDDLE	į.	AST		20. DATE OF DEAT	н момтн	DAY YEAR	26. HO	UR	
(TITE OR PRINT)	CHARLES	OTHO	SMITH JR.			January 13, 19		1985	85 10:3		
3 SEX	4 RACE		5. DATE C	d DAY		6 AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DA		R 24 HRS MIN.	
Male	White		Sept	. 10,	1929	55	YR	s.			
70 BIRTHPLACE (STATE OR FORE						9 BALTIMORE CIT	Y OR COU	NTY OF DEATH	1		
Maryland			WIDOWE		DIVORCED [Baltimo	re C	ounty	ty		
10 CITY OR TOWN OF DEATH				OR OTHER I	NSTITUTION	12a USUAL OCCU			176. KIND OF BUSINESS		
Catonsville	1902 R	ollingwood	d Ros	ıd		N/A		Disability			
	HOME OR OTHER INSTITUTION COUNTY Baltimore	GIVE RESIDENCE BEFORE 136 CITY OR TOW Catonsy	N	13d INSID	E CITY LIMITS?	13e.STREET ADDRE		ode gwood R	oad	2122	
14 FATHER'S NAME		Catons	TILE		ER'S MAIDEN NA	ME					
Charles	O.	Smith	ı Sr.		Elsie	I.		Str	ong		
160 WAS DECEASED EVER IN		166 SOCIAL SECU	RITY NO.	17 INFOR	TAAM	A	DDRESS				
(YES, NO OR UNKNOWN) (1	FYES, GIVE WAR OR DATES)	216-30-	-8830	Eil	leen S. S	Schwartz	Same	as # 1	3		
18 CAUSE OF DEATH IE PART I. DEATH WAS		line for (a), (b), and	odia,	LI	wart	ion		BETWI	ROXIMATE INT EN ONSET AN	RVAL D DEATH	
	DUE TO, O	R AS A CONSEQUE	NCE OF								
Conditions, if ony, w gove rise to immed cause (a), stating underlying cause	iote	r as a conseque	NCE OF								
PART 2. OTHER SIGNIFI	CANT CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELA	TED TO THE TERM	MINAL DISEASE OR (CONDITION	GIVEN IN PAR	Tito		

CERTIFICATIO 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [216 TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 710. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. I certify that (1) (this haspital) attended the deceased from DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN

MPORTANT: If hem should be detached with the State Dept. Patrick W. White M.D. 230 BURIAL, CREMATION, REMOVAL 236. DATE Burial 1/16/85

774 PHYSICIAN'S NAME (TYPE OF PRINT)

23¢ NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

22e ADDRESS

23d. LOCATION Baltimore COUNTY

Md.

Baltimore, Md.21228

24 FUNERAL DIRECTOR DHMH - 16 50M 4/B3 (VRA 15, 4)

y M. & Russell C. Witzke∞Funeral Home P.A Edmondson Avenue, CATONSVILLE, Md. 21228

299 Frederick Road

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

BP.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO , DECEASED NAME 2a. DATE OF DEATH MONTH 2b. HOUR Lily Smith ATYPE OR PRINTS Jan. 27. 1985 11:30p 1 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDLR 24 HRS White Female Nov. 16,1906 **BALTIMORE CITY OR COUNTY OF DEATH** BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED England U.S.A. Baltimore County WIDOWED DIVORCED [CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12a USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT ITS 108 AGWAINEST 5 VERES ROad (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Reisterstown Dept. Store AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Broward 13d. INSIDE CITY LIMITS? Florida Fort Lauderdal IL FATHER'S NAME 15. MOTHER'S MAIDEN NAME Anthony McCann Elizabeth Bolton 108 Walgrove Rd. 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES NO OR UNKNOWN) 089-03-9417 Vincent C. Smith Reisterstown. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY. ARCINOMY IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 9a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. THE PLUERY OCCURRED 71a PLACE OF INJURY 21f LOCATION COUNTY CITY OR TOWN STATE AT HOME STREET, EACTOWY, OFFICE PARK, ETC.) 75 Ecertify that (1) (1) and that # [my] (bur) apinion death occurred on the date and hour and from the causes stated THENATUR DEGREE 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 27#CADORESS 23a. BURIAL, CREMATION, REMOVAL HIS NAME OF CEMETERY OR CREMATORY 234 LOCATION 23b. DATE Pompano Beach, Jan. 30, 1985 Burial DHMH - 16 50M 4/83 Owings Mills, Md. (VRA 15, 4)

all Marie	Jan. (29, 1965		di test		MAL
	86	6,19061	.voh	office Section	Fenelli
	Interior County			.A.D.0	oun I will
91018	loslady Dogs		had work	£#1/301	ment represent
	or his sin or.		-levebeni	grand brane	Nortes Bro
		Godenii.			gaodina
	100 wal cove Dd.,	Effet 2 imman	G-8412 Ya	9-1/80	ile il
. NO 2 TO	F prof. of valo	717 3471 11		-301, a. a.	
	WHEN SHEET STATES	I OSERAU	-121	N STANSON	

and campletely filled in by the fu ages? and 2 shauld be filed with

er this certificate has been signed by the atter the burial-transit permit. Then please remove and Mental Hygiene prior ta burial, crematian

MPORTANT: If Hem 21 is marked or Hem 18 sh

	- STATE REGISTRAR		DEPARIT		ICATE OF DEATH	REG. NO				
	DECEASED NAME FIRST (TYPE OR PRINT)		E. Smith		AST	January 21		YEAR	2b HOUR	
3	Male	4 RACE Whi	te	S. DATE C	il 17 1916	6 AGE (IN YEARS LAST BIRTHDAY	YRS.	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
I	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	USA		WIDOWE		Baltimore City or Co			М	
1	Middle River 2	1350 is not intake	Kingston	l ^{oo} Pärk	ROTHER INSTITUTION Lane	ORKING LIFE) IN PRICKING CO				
1		OR OTHER INSTITUTION	13 MI dalle		YES NO X	13. STREET ADDRESS / ZIP 46 Kingston	Park	Lane	2122	
	4. FATHER'S NAME FIRST William	C. Smith	LAST		Martha	MIDDLE		LAS	ST.	
1	WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES.	ARMED FORCES? GIVE WAR OR DATES)	214 22 1		Mary Benning	ton	Same			
	18 CAUSE OF DEATH LENTER PART I. DEATH WAS CAU IMMED Conditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO, O	RAS A CONSEQUE	NGE OF	of face 20 to mabili	& to sicilor		APPROX BETWEEN	imate interval Onset and death	
		(c)			NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIC	N GIVEN	IN PART 1	a	
	in operation 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 COND	PON FOR WHICH	OPERATIO	N WAS PERFORMED				NGS USED OF DEATH?	
- 8	OR CONTRIBUTING CAUSE OF	210. ACCIDENT WAS UNDERLYING TO A CONTRIBUTING TO A CONTRIBUTION T							STATE	
l	220. I certify that (I) (this ho saw the deceased al- abave, (I) (we) (did (did	/ //	1 6	, or	, 19, 19, d that in (my) (aur) apinian c	, to death accurred an the date a	, 19_ nd hour an	d from the		
	224 PHYSICIAN'S NAME (IVE	Man-	5 m		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	tb/	1/2	3/85	
	Mark MKe		mD		125 Linde	nhe belom	~ M	d		

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept, of Health

DHMH - 16 60M 7/84 (VRA 15, 4)

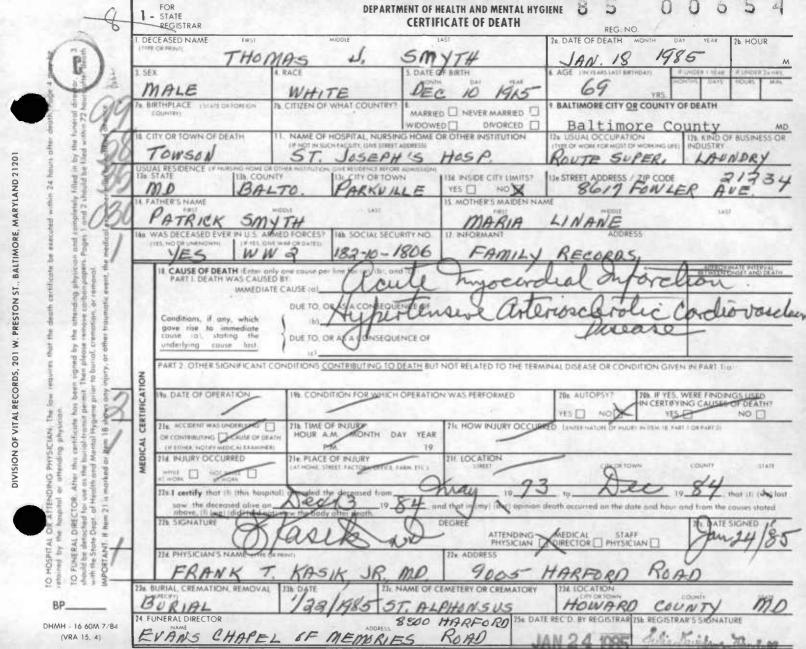
1407 Old Eastern Ave

23c NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery

Baltimore Md.

STATE

REGISTRAR 25b. REGISTRAR'S SIGNATURE

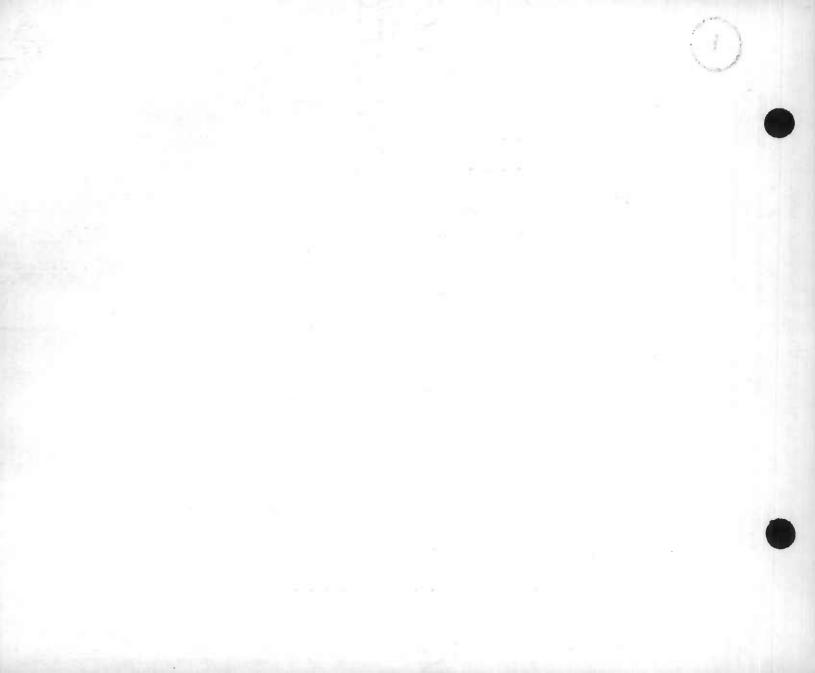


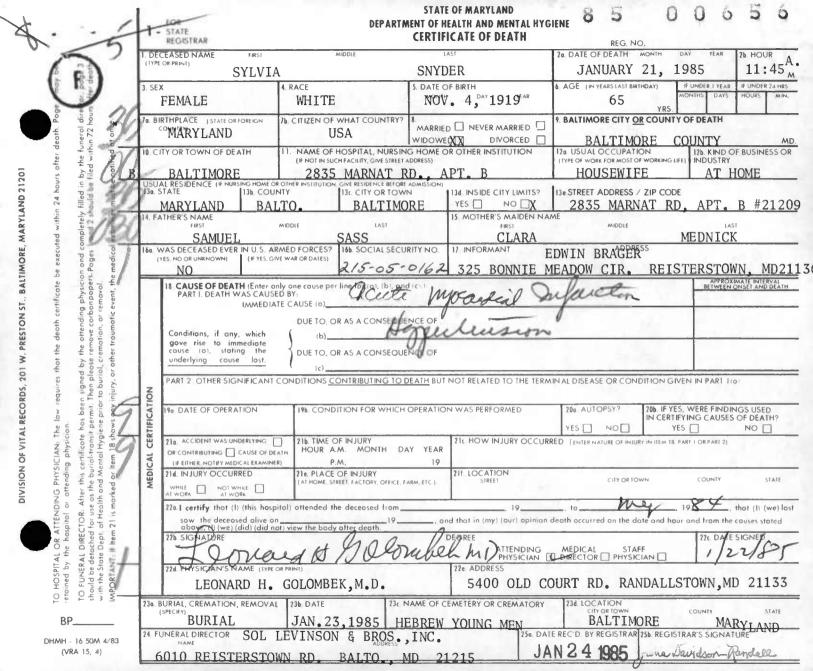
I STATE STORY OF THE PROPERTY The state of the s THE PROLITE I WAS A STATE OF THE STATE OF TH The state of the s IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, the medica

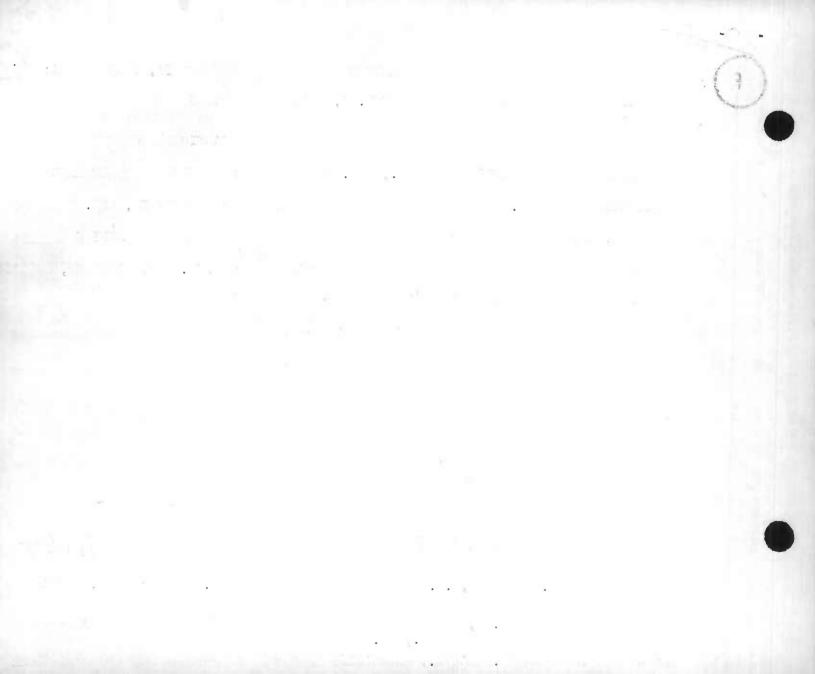
STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

	1 - STATE REGISTRAR XC 20960	451			EALTH AND MENTAL HYGI	ENE REG. N	0.	0		
t	I. DECEASED NAME FIRST	M	NIDDLE		AST	20. DATE OF DEATH		YEAR	26 HOUR	
1	(TYPE OR PRINT) NATHA	NIEL C	HARLES SN	OWD	EN	JANUARY 23	, 1985		2:05	Рм
Ì	3. SEX	4 RACE	5.	-		6. AGE (IN YEARS LAST BIR		JNDER I YEAR	IF UNDER 24	HRS
1	MALE	BLACK	A	UGU		51	YRS.	THS DAYS	HOURS	MIN.
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	U.S.A.		MARRIE IDOWE	D LI NEVER MARRIED	9. BALTIMORE CITY OF BALTIMORE	R COUNTY OF			MD.
3	FORT HOWARD		IOSPITAL, NURSING H	OME C		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF STEEL WORK	ION	126 KIND OF BUSINESS OF INDUSTRY STEEL		
1	USUAL RESIDENCE (# NURSING HOME OF 130. STATE MARYLAND	ROTHER INSTITUTION, O	GIVE RESIDENCE BEFORE ADM 13c CITY OR TOWN BALTIMORE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	UE 2	1209	
	IA. FATHER'S NAME FIRST NATHANIEL CH	ARLES	SNOWDEN		15. MOTHER'S MAIDEN NAM BERNICE	WIDDLE		OLÏ		
1	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? VE WAR OR DATES) LAN	166 SOCIAL SECURITY 219 28 003		"Affia Ma Sno	owden 648° ord, VAMC,	Bartl FORT HO	ett A	Ave. MARY	LANI
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per ED BY: TE CAUSE (a)	line for (a), (b), and ic	FIF	BRILLATION			BETWEEN C	IMATE INTERVA ONSET AND DE	ATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT END STAGE RE	DUE TO, OR	R AS A CONSEQUENC	E CA		nal disease or con	IDITION GIVEN	IN PART 110		
	190 DATE OF OPERATION		TION FOR WHICH OP		S OF THE LIVER	20a AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	NG CAUSES	NGS USED OF DEATH	?
7		ATH HOUR A.A	M. MONTH DAY	YEAR 19	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	OR PART 2)		
1	OR CONTRIBUTING CAUSE OF DI	21e PLACE C	OF INJURY EET, FACTORY OFFICE FARM	ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STA	.TE
	22a I certify that (I) (this hosp sow the deceosed alive o obove, (I) (we) (did) (did)				RY 23 , 19 85 and that in (my) (our) opinion d					
	22b. SIGNATURE	ful	_		DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF	22c. DATE	SIGNED 3/85	
	CHERUKOTH V.J		SE, M.D.	H	V.A.M.C., FC	ORT HOWARD,	MARYLA	ND 2	1052	
	23a. BURIAL, CREMATION, REMOVA (SPECIFICATION)	1/28/8			emetery or crematory son Forest \	ZE LOCATION ZA OWING	s Mi	Ms	MD STA	
	24 FUNERAL DIRECTOR Wm. C. March	F/H 1	101 E. No	ort	h Ave. Z5a DATE	N 2 5 1985	M. JEGISTEA	SIGN A	difficult	

DHMH - 16 50M 4/83 (VRA 15, 4)



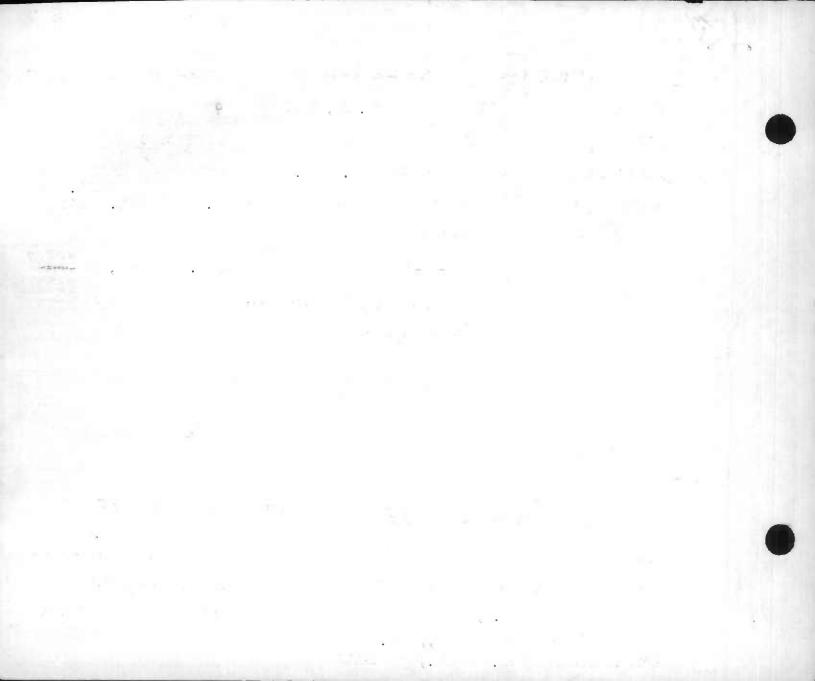




DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF DEATH	REG.	NO.		
1. DECEASED NAME FIRST (1YPE OR PRINT)	RGARET M. SPI	LMAN	AST	20. DATE OF DEATH	1/30/8	5	1:00 P
3. SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST!		DER 1 YEAR	IF UNDER 24 HRS
F	W	July	15, 1899 AR	85	YRS	DAYS	HOURS MIN.
BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUN	VTRY? 8		9 BALTIMORE CITY		EATH	
Baltimore, Md.	USA	WIDOWE	D NEVER MARRIED	BALTIMO	RE COUN	TV	MD
TOWSON	11. NAME OF HOSPITAL, N 670 IN CHA	RLES S		12a USUAL OCCUPA (TYPE OF WORK FOR MOST Homemake	TION 121		OF BUSINESS OR
Md.	OUNTY 134 CITY OF		134 INSIDE CITY LIMITS? YES 🔼 NO 🗌	13. SIREET ADDRESS 746 E. I	ake Ave.	2]	1212
James J	. McGrath	ST	IS MOTHER'S MAIDEN NAM	sephine Co	nnors	LAS	iT
160 WAS DECEASED EVER IN U.S		SECURITY NO.	17 INFORMANT	ADD	RESS		
No -	218 :	32 3773	Mrs Mary V.	Auvil Ph	oenix, Mo	i.	21131
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS ACONO SEPT DUE TO, OR AS ACONO (c) PNEUM	SEQUENCE OF IC SHOO SEQUENCE OF 10N I A					MATE INTERVAL ONSET AND DEATH
	nt conditions <u>contributing</u>	G TO DEATH BUT	NOT KELATED TO THE TERMI	INAL DISEASE OR CO	NDITION GIVEN IN	PARI I	0
C.O.P.D. 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR W	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEF	RE FINDIN CAUSES	NGS USED OF DEATH?
OR CONTRIBUTING CAUSE O	F DEATH HOUR A.M. MONTH	H DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1 C	RPART 2)	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, O	OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR	rown c	OUNTY	STATE
sow the deceased alive	ospital) attended the deceased (a on 1/30 d not view the body after death.	19 85 9	nd that in (my) (our! opinion d	to 1/3			
176 PHYSICIANS NAME TO			MD ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF		Sec. 12
	AMPHILIS		THE MUDICOS	GBMC			
230. BURIAL, CREMATION, REMO	23b. DATE 2/2/85		EMETERY OR CREMATORY thedral Cem.	Baltin	nore, Md.	NIY	STATE

DHMH - 16 60M 7/84

IMPORTANT: If Item 21 is

24 FUNERAL DIRECTOR (VRA 15, 4)

MITCHELL-WIEDEFELD HOME, INC.

6500 York Rd.

Baltimore, Md. OUNTY

STATE

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNA URE 1

1:00:1 1:00:03 1:00:03 1:00:03 1:00:03 1:00:03 1:00:03 1:00:03 1:00:03 1:00:03 1:00:03 1:00:03 1:00:03 1:00:03 01/15, 110 - 1 2 5 5 11 3 altiore, l oeaer r. alti o ose ine on nors a es . crit 11 rs r . . vil neni , c. 1151 E DIENINGE . IL itil .../5 on at rule. altion, \sim 20 deoth o

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or ottending physician.

_	REGISTRAR	MIDDLE		ICATE OF DEATH	REG. NO		YEAR	In nous
	DECEASED NAME FIRST YPE OR PRINT)	WIDDLE		A31				26 HOUR
	Santo	Frank	SPINN	ATO	January 2			2:45F
3 S	SEX	4. RACE	5. DATE C	DF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	HOURS
1	Male	White		26, 1909	75	YRS		
210	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O			
1	Maryland	U.S.A.	WIDOWE			timore		
1	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Franklin Sq.	STREET ADDRESS)		12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O		12b. KIND O INDUSTRY Ameri	
Usi	UAL RESIDENCE (IF NURSING	FOR THE INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /	710 CODE		
2	Maryland		imore	YES YES NO	610 S. An		2	1224
11	FATHER'S NAME			15. MOTHER'S MAIDEN NA	AME			
0	Nicholas	Spinnate		Mary Mary	WIDDLE	Ma	aceri	T
1 160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	L SECURITY NO.	17. INFORMANT	ADDRE			
4	(YES, NO OR UNKNOWN) (IF YES O	IVE WAR OR DATES) 212-	01-9057	Mrs Clara M	Eagan 208	Meadow	v Rd 2	1014
-		only one cause per line for (a), (MATE INTERV
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO OP AS A CON	SEQUENCE OF EXACEPDA	y Failure tion chronic pulmonary di	sease	DITION GIVEN	IN PART 110	0
TION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON- (b) Acute (c) DUE TO, OR AS A CON- (c) CONDITIONS CONTRIBUTING	SEQUENCE OF EXACET OF SEQUENCE OF	tion chronic pulmonary di	sease			
RIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CON- (b) Acute (c) DUE TO, OR AS A CON- (c) CONDITIONS CONTRIBUTION	SEQUENCE OF EXACET OF SEQUENCE OF	tion chronic pulmonary di NOT RELATED TO THE TERA	SEASE WINAL DISEASE OR CONI 200. AUTOPSY? YES \(\text{NO} \)	20b. IF YES, VIN CERTIFYI YES	WERE FINDING CAUSES	NGS USED
CERTIFIC	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CON- (b) Acute (c) DUE TO, OR AS A CON- (c) CONDITIONS CONTRIBUTION 196 CONDITION FOR W 196 HOUR A.M. MONTH	SEQUENCE OF EXACET OF SEQUENCE OF	tion chronic pulmonary di	SEASE WINAL DISEASE OR CONI 200. AUTOPSY? YES \(\text{NO} \)	20b. IF YES, VIN CERTIFYI YES	WERE FINDING CAUSES	NGS USED
プー生	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIETHER, NOTIFY MEDICAL EXAMIN 21d, INJURY OCCURRED WHILE DISTURDED	DUE TO, OR AS A CON- (b) Acute (c) DUE TO, OR AS A CON- (c) CONDITIONS CONTRIBUTION 196 CONDITION FOR W 196 HOUR A.M. MONTH	SEQUENCE OF SEQUENCE OF G TO DEATH BUT WHICH OPERATIO H DAY YEAR 19	tion chronic pulmonary di NOT RELATED TO THE TERA	SEASE WINAL DISEASE OR CONI 200. AUTOPSY? YES \(\text{NO} \)	20b. IF YES, NIN CERTIFYI YES	WERE FINDING CAUSES	NGS USED 5 OF DEATH NO
CERTIFIC	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHEY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHIE ALWORK ALWORK	DUE TO, OR AS A CON- (b) Acute (c) DUE TO, OR AS A CON- (c) DUE TO, OR AS A CON- (c) CONDITIONS CONTRIBUTION 196 CONDITION FOR W 198 CONDITION FOR W 1	SEQUENCE OF SEQUENCE OF G TO DEATH BUT WHICH OPERATIO H DAY YEAR 19 DEFICE, FARM, ETC.]	tion chronic pulmonary di NOT RELATED TO THE TERA N WAS PERFORMED 21c. HOW INJURY OCCUR 21f LOCATION STREET	SEASE WIN AL DISEASE OR CONI 200. AUTOPSY? YES NO. RED (ENTER NATURE OF INJURE)	20b. IF YES, IN CERTIFYI YES RY IN ITEM 18 PAR	WERE FIND IN NG CAUSES	NGS USED OF DEATH NO
CERTIFIC	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE CAUSE OF DIFFERENCE CONTRIBUTIONS OR CONTRIBUTIONS OR CONTRIBUTIONS OF CONTRIBUTIONS	DUE TO, OR AS A CON- (b) Acute (c) DUE TO, OR AS A CON- (c) DUE TO, OR AS A CON- (c) CONDITIONS CONTRIBUTION 196 CONDITION FOR W 196 CONDITION FOR W 216. TIME OF INJURY HOUR A.M. MONTH P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, C) pitol offended the deceased	SEQUENCE OF SEQUENCE OF G TO DEATH BUT WHICH OPERATIO H DAY YEAR 19 DEFICE, FARM, ETC.] from Janu 19 85	tion chronic pulmonary di NOT RELATED TO THE TERM IN WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET ary 21, 19 ary 21, 19 ary 21, 19 ary 21, 19 ary 21, 19	200. AUTOPSY? YES NO X RRED (ENTER NATURE OF INJURE) CHY OR TO	20b. IF YES, VIN CERTIFYI YES RY IN ITEM 18 PAR	WERE FINDING CAUSES T I OR PART 2) COUNTY and Irom the	NGS USED OF DEATH NO St. that (1) we couses state
CERTIFIC	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN CAUSE) WHILE AT WORK AT WORK 22a certify that (I) (this has saw the decease alive a above, (I) (we) (did) (did to cobave, (I) (we) (did) (did to cobave, (I) (we) (did) (did to cobave)	DUE TO, OR AS A CON- (b) Acute (c) DUE TO, OR AS A CON- (c) DUE TO, OR AS A CON- (c) CONDITIONS CONTRIBUTION 19b. CONDITION FOR W 19b. CONDITION FOR W 19b. CONDITION FOR W 21b. TIME OF INJURY HOUR A.M. MONTH ER) 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, CO	SEQUENCE OF SEQUENCE OF G TO DEATH BUT WHICH OPERATIO H DAY YEAR 19 DEFICE, FARM, ETC.] from Janu 19 85	tion chronic pulmonary di NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET ary 21, 19 ary 21, 19 ary 21, 19 ATTENDING PHYSICIAN [200. AUTOPSY? YES NO X RRED (ENTER NATURE OF INJUIT CITY OR TO MEDICAL STAF	20b. IF YES, IN CERTIFYI YES RY IN ITEM 18 PAR	WERE FINDING CAUSES TI OR PART 2) COUNTY Solid from the	NGS USED OF DEATH NO St. that (1) we couses state
CERTIFIC	Conditions, if any, which gove rise to immediate cause to), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIE IN EITHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CONTRIBUTI	DUE TO, OR AS A CON- (b) Acute (c) DUE TO, OR AS A CON- (c) CONDITIONS CONTRIBUTION 196 CONDITION FOR W 196 CONDITION FOR W 216 TIME OF INJURY HOUR A.M. MONTH P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, C) OR PRINT)	SEQUENCE OF EXACETOA SEQUENCE OF G TO DEATH BUT WHICH OPERATIO H DAY YEAR 19 OFFICE, FARM, ETC.] from Janu 19 85. OFFICE	tion chronic pulmonary di NOT RELATED TO THE TERM IN WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET ary 21. 19. 8 ary 21. 19. 8 ATTENDING PHYSICIAN [22e. ADDRESS	200. AUTOPSY? YES NO X RRED (ENTER NATURE OF INJUI CHY OR TO MEDICAL STAI DIRECTOR PHYSIC	20b. IF YES, IN CERTIFYI YES BY IN ITEM 18 PAR WM Y 22 19 ate and hour a	COUNTY 85 and from the 22c DATE 1/2	NGS USED S OF DEATH NO st that (I) causes star SIGNED 2/85
MEDICAL CERTIFI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN CAUSE) WHILE AT WORK AT WORK 22a certify that (I) (this has saw the decease alive a above, (I) (we) (did) (did to cobave, (I) (we) (did) (did to cobave, (I) (we) (did) (did to cobave)	DUE TO, OR AS A CON- (b) Acute (c) DUE TO, OR AS A CON- (c) DUE TO, OR AS A CON- (c) CONDITIONS CONTRIBUTION 196 CONDITION FOR W 196 CONDITION FOR W 216. TIME OF INJURY (AT HOME, STREET, FACTORY, C) PLAN 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C) OR PRINT) OR PRINT) SON, M.D.	SEQUENCE OF EXACET BATE SEQUENCE OF G TO DEATH BUT WHICH OPERATIO H DAY YEAR 19 DEFICE, FARM ETC.] From Janu 19 85. of	tion chronic pulmonary di NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR 21f. LOCATION STREET ATY 21. 19. 8 ary 21. 19. 8 ATTENDING PHYSICIAN (22e ADDRESS 9000 Frank TEMETERY OR CREMATORY	200. AUTOPSY? YES NO X RRED (ENTER NATURE OF INJUI CHY OR TO 35., to Januar, death occurred on the do	20b. IF YES, IN CERTIFYI YES RY IN ITEM 18 PAR WM Y 22 19 ate and hour a	COUNTY 21 C DATE 21 2 3 COUNTY	st. that (I) was causes state SIGNED 22/85

DHMH - 16 50M (VRA 15, 4)

BP.

FOR - STATE REGISTRAR

TYPE OR PRINTI

DECEASED NAME

LIF YES GIVE WAR OR DATEST

underlying couse lost.

LYES NO OR UNKNOWN)

Burial

CERTIFICATION

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIEN	į
CERTIFICATE OF DEATH	

STATE OF MARTLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

REG. NO 28 DATE OF DEATH MONTH 2b HOUR

SEX	4 RACE	5. DATE OF BIRTH	7000	6. AGE	(IN YEARS LAST BIRTHOAY)	IF UNDE	RIYEAR	IF UNDER	2211
Female	White	MONTH DAY	1900 xxxxx	84	YRS.	MONIHS	DATS	HOURS	N
BIRTHPLACE (STATE OF FOREIG	76. CITIZEN OF WHAT COUNTR			9. BALTI	MORE CITY OR COUNTY	OF DE	ATH		
breece	Greece	MARRIED NEVE	DIVORCED [BA	Ito. Coun	+x			
TOWSON	111. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FAVILITY, GIVE STRI St. Ja	FET AMORESSI	epital		JAL OCCUPATION WORK FOR MOST OF WORKING LIF ISEWITE		KIND OF USTRY	BUSIN	ESS
SUAL RESIDENCE (IF NURSING HO 38. STATE 136 (OME OR OTHER INSTITUTION GIVE RESIDENCE BEF		E CITY LIMITS?	13e.STRE	ET ADDRESS / ZIP CODE	77	72	27	22

	Maryland		Baltimore	YES NO M	6/11 LOCH R	aven	BIV	/a
	14 FATHER'S NAME FIRST ?	WIDDIE	tast ?	15 MOTHER'S MAIDEN NAME	₹ ^{MIDDLE}	红	?	LAST
٦	169 WAS DECEASED EVER IN U.S	ARMED FORCES?	16E SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS			

Mr Nick Stamatacos As 13e 220-44-7507 Same No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Aspiration Pneumonia DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210 ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 19 P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OF TOWN (AT HOME STREET FACTORY, OFFICE FARM, ETC.) NO! WHILE

220 | certify that (1) (this haspital) attended the deceased from. saw the deceased alive an above, (I) (we) (did) (did not) view the body after death and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated

226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL

22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS CAPO GROSS i

23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE

1/22/85

23d LOCATION CITY OF TOWN Greek Orthodox

PHYSICIAN DIRECTOR PHYSICIAN

Baltimore HE REGATE WELA DO ATURE

COUNTY

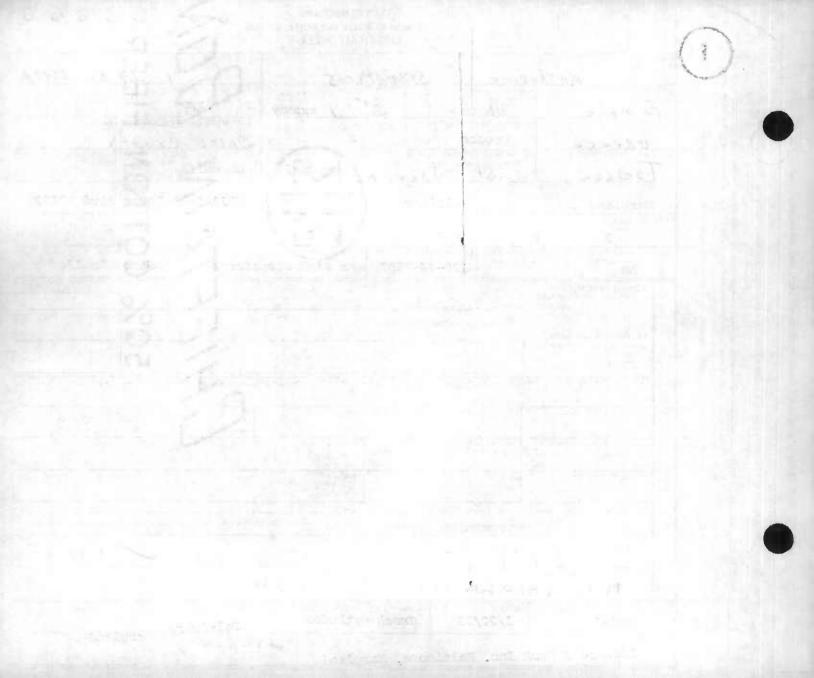
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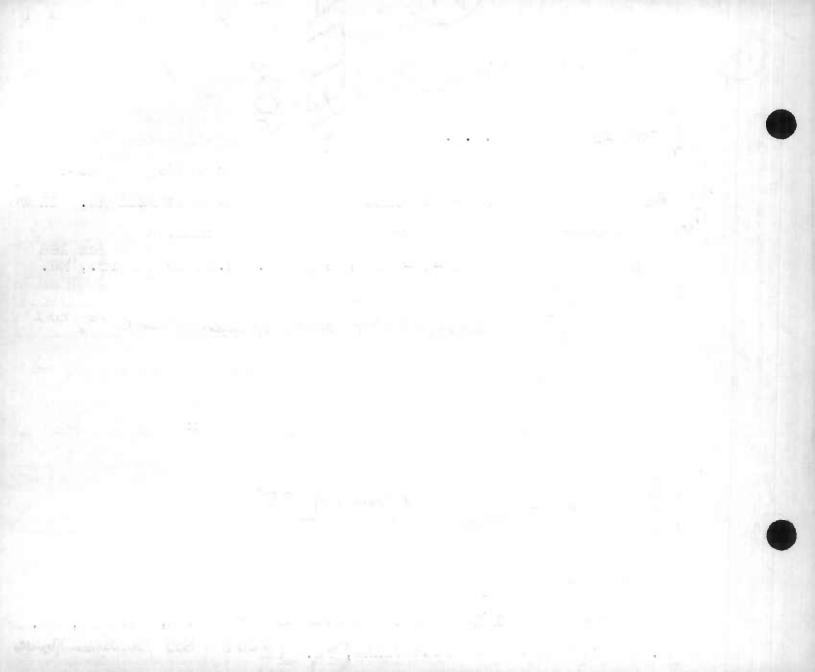
24 FUNERAL DIRECTOR Leonard J Ruck Inc. Baltimore, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

with the State

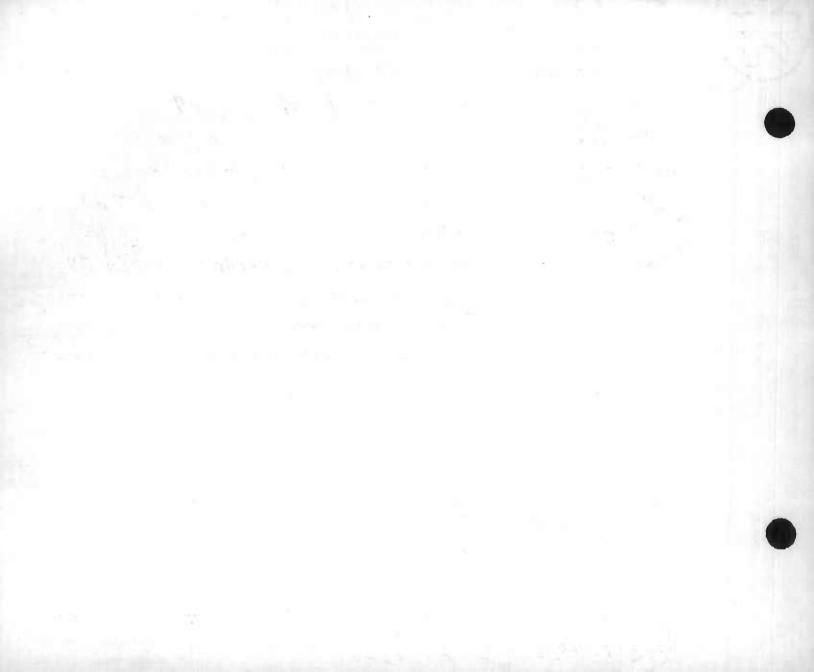
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



	STATE	OF M	ARYLA	AND	
DEPARTMEN	IT OF H	EALTH	AND I	MENTAL	HYGIENE
(ERTIF	ICATE	OF D	EATH	

REGISTRAR REG. NO 20. DATE OF DEATH DECEASED NAME IF UNDER 1 YEAR YEAR 65 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore County U.S.A. DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) St. Joseph 136 COUNTY 13a. STATE Parkville 13e.STREED ADDRESS ZIP CODE Rd 21234 NOX-Baltimore Maruland 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE Shaefer Madeline J Bergman Frank 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES NO OR UNKNOWN) HEYES GIVE WAR OR DATES! As 13e Mrs Sue Anne Hashagen Same 212-12-2764 No 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), (PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED

19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY

HOUR A.M. MONTH DAY YEAR 19 P-M 21e. PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE FARM ETC)

211 LOCATION

CITY OF TOWN

NOF

NO [

IN CERTIFYING CAUSES OF DEATH?

YES [

22a) certify that (1) (this haspital) attended the deceased from_ sow the deceased alive an. abave, (1) (we) (did) (did not) view the bady after death

DEGREE MI

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) apinian death accurred on the date and hour and from the causes stated

22r DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT) MALTER

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)Cremation

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d INJURY OCCURRED

226 SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY Westview

22e. ADDRESS

STATE

24 FUNERAL DIRECTOR

FOR - STATE

Leonard J Ruck Inc. Baltimore, Maruland

1/18/85

23b. DATE

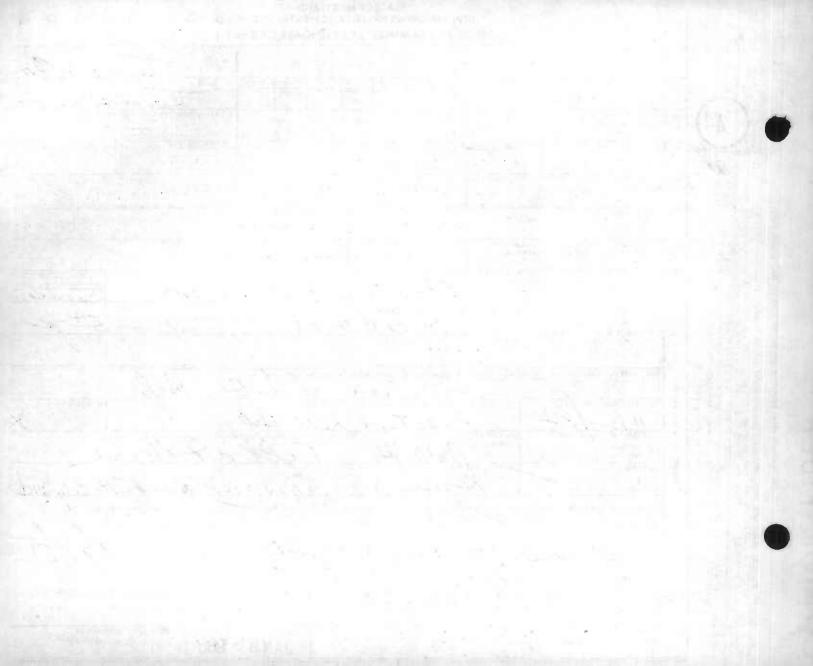
Baltimore, Maruland 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

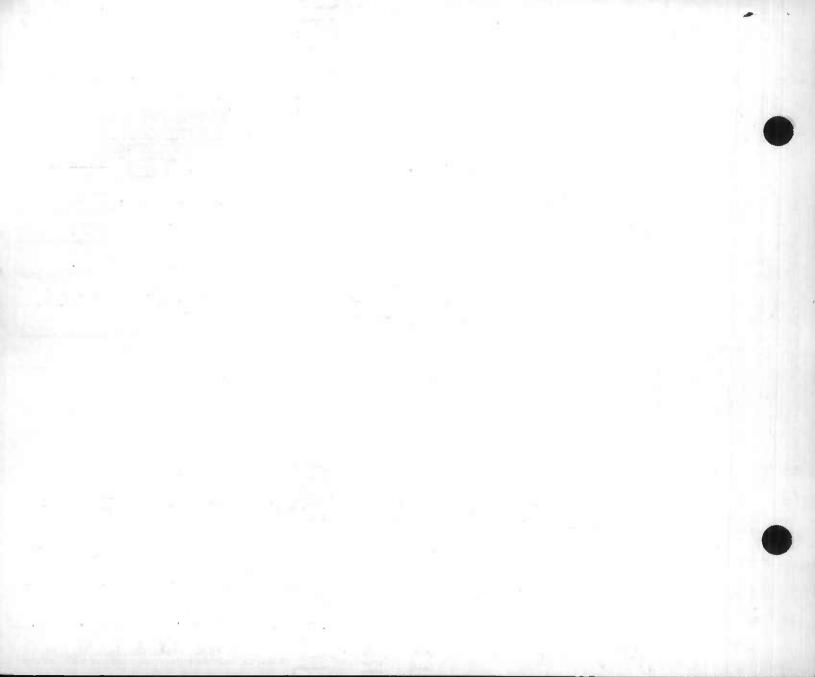
Mia Davidson

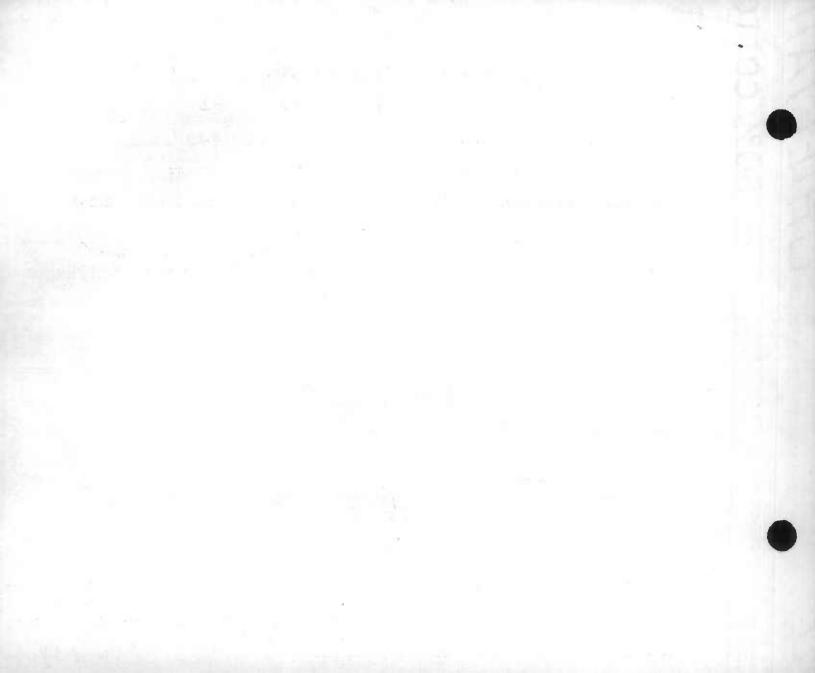
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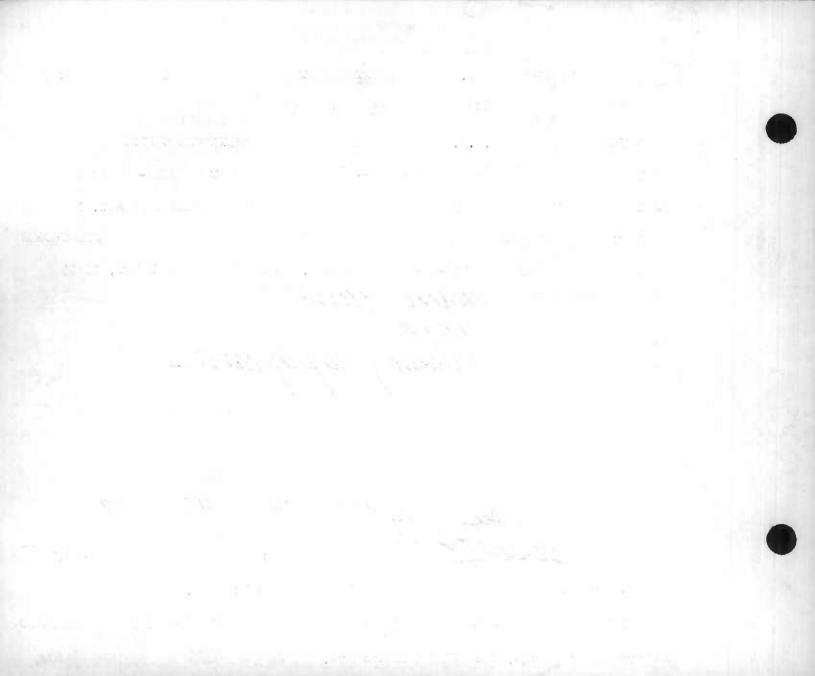






8	1 -	FOR STATE REGISTRAR	DEP		HEALTH AND MENTAL HYC FICATE OF DEATH	REG. N	o.
rer deoth		CEASED NAME FIRST FLOR	ENCE C.	STINCH	COMB	January 26	
	3. SE	remale	White		OF BIRTH #. 24 ^{AY} , 1910	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
3	Ma.	RTHPLACE (STATE OR FOREIGN COUNTRY) Tyland	76. CITIZEN OF WHAT COUN	MARRI WIDOW	ED NEVER MARRIED DIVORCED X	9. BALTIMORE CITY O Baltimore	R COUNTY OF DEATH
0		TY OR TOWN OF DEATH rkville	11. NAME OF HOSPITAL, N (NE NOT IN SUCH FACILITY, GIVE 2914 Kings R	STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF TRAVEL Age	ON F WORKING LIFE) 126. KIND OF BUSINESS OR
35	130 S Ma	AL RESIDENCE (IF NURSING HOME STATE 136 COL ryland Balt	OR OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION	13d INSIDE CITY LIMITS? YES NO 🔏		ZIP CODE Rd. Apt. B
30) _E	ATHER'S NAME FIRST 'dward	MIDDLE LAS	ns	15 MOTHER'S MAIDEN NA FIRST Eleanor	WIDDLE	Landers
1	(VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, C NO	ARMED FORCES? GIVE WAR OR DATES) 218-32	SECURITY NO.	Mrs. Eleanor	P. Engers	Phoenix, Md. 2113 8 Fairwood View Ct. APPROXIMATE INTERNAL BETWEEN ONSET AND DEATH
Sony inlow.	CERTIFICATION	PART 2. OTHER SIGNIFIC AND	CONDITIONS CONTRIBUTING	123		200 AUTOPSY?	20% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
Hem Is shows		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	DEATH HOUR A.M. MONTH	H DAY YEAR	21t HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	YES NO NO NO NO NO NO NO NO NO NO NO NO NO
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
ffem Z1 is ma		sow the deceased alive of	print of tended the decosed to		DEGREE		19 that (I) (m) los ote and haur and Irom the couses stated 22c. DATE SIGNED
MPORTANT: #		Marion C. A	Cowalewski, M.1	nelle.	ATTENDING PHYSICIAN A 220 ADDRESS 8604 Har.	MEDICAL STAI DIRECTOR PHYSIC	
IMPORTA	23a. F	BURIAL, CREMATION, REMOVA SPECIFY) Burial			CEMETERY OR CREMATORY Hill	23d LOCATION CITY OR TOWN Baltimor	COUNTY STATE
4/83		UNERAL DIRECTOR NAME Leonard J. F	ADD	RESS .	Maryland JAN	TE REC'D. BY REGISTRAR	Shredge Add Jure

Edition of the second of the s programme the second of the second the second The fact that the state of the state of the state of



1	-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	IENE O G	10.	0 0
		ASED NAME FIRST		MIDDLE		AST	2a. DATE OF DEATH	MONTH D	AY YEAR 26. H
1	112 0	Elf	riede	Stoner			Jan	uary 2	27m, 1985
3. 5	EΧ		4. RACE	-	5. DATE (6. AGE (IN YEARS LAST BI		FUNDERTYEAR IF UNI
f	eı	male	whi	te	Fel		82	YRS.	DATS HOUR
70.	BIR	THPLACE STATE OR FOREIGN	76 CITIZEN	OF WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY	R COUNTY	OF DEATH
a		atvia		USA	WIDOW		Baltime	ore Co	ninty
10.	CIT	OR TOWN OF DEATH	11. NAME C	OF HOSPITAL, NURSIN	NG HOME	OR OTHER INSTITUTION	120. USUAL OCCUPAT	ION	126. KIND OF BUS
9	P	Arkville	82	SUCH FACILITY, GIVE STREET 00 Woods	ide /	Avenue	Housewife		own hom
US	UAI ST	RESIDENCE (# NURSING HOME	OR OTHER INSTITUTI	ON, GIVE RESIDENCE BEFOR	E ADMISSION)			100	IOWII IIOIII
			ltimor	e Parkvi	116	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 4 H.NEW		t 21234
	_	HER'S NAME				15. MOTHER'S MAIDEN NA	ME	IGIL	
(D)	M	Ax Koschwit	MIDDLE	LAST		Elizabeth	Crahaugle	- -	LAST
160		AS DECEASED EVER IN U.S.		S? 166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDR		
	n	NO OR UNKNOWN) IF YES.	GIVE WAR OR DATES	150-30	-050	Ma Vathor	sino Maitl		F 53 000
' =						Ms. Kather	ine waiti	tus 82	APPROXIMATE IN BETWEEN ONSET
	1	8 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	only one couse SED BY:	per line for (a), (b), or	id ic				BETWEEN ONSET A
	1	IMMED	ATE CAUSE (0)	Kespura	long a	ne cardone	arrist		gracu
			DUE TO	OR AS A CONSEQU	ENCE OF		-		sever
		Conditions, if any, which gave rise to immediate	(b)	Caplu	re of	abstoninge	antic as	uny 5 pp	monte
	Н	couse (a), stating the underlying cause last	DUE TO	OR AS A CONSEQU	ENCE OF				many
	4		((c),	arlesso	eliral	e cudovne	what disses	24	
2		PART 2 OTHER SIGNIFICAN	TCONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	IDITION GIVE	N IN PART 110
_ 8		Zenya	Gira	arterior.	lin	4	20a AUTOPSY?	TOOL IE VEC	WERE FINDINGS U
SERTIFICATION		VO DATE OF OPERATION	196 CO	ADITION FOR WHICH	OPERATIC	N WAS PERFORMED		IN CERTIFY	ING CAUSES OF DE
	-	7 a. ACCIDENT WAS UNDERLYING		E OF INJURY		Tal. How blumy occurs	YES NO	YES	
-	- 1	OR CONTRIBUTING CAUSE OF		A.M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	CED LENTER MATURE OF INJ	JRY IN ITEM IS PA	RT ORPARI 2)
/ S	5	LIF EITHER NOTIFY MEDICAL EXAME		P.M.	19				
MEDICAL		VIII INJURY OCCURRED		CE OF INJURY STREET, FACTORY OFFICE	FARM ETC)	211_LOCATION STREET	CITY OR TO	DWN	COUNTY
] `		AT WORK NOT WHILE AT WORK							
		22a I certify that (I) (this ho	/	the deceased from	0-1		10 Jan.	27	9 , that il
		saw the deceased alive abave, (1) (we) (did) (did	nat) view the bo	ady after death.	X . 0	nd that in (my) (our) opinion	death accurred on the c	ate and have	and from the causes
		226. SIGNATURE	<u> </u>			DEGREE		**	22c. DATE SIGNI
		0.8.	Leu		m. L	ATTENDING PHYSICIAN	MEDICAL STA		1/27/
1	Ī	224 PHYSICIAN'S NAME (TYP	E OR PRINT)			22e. ADDRESS			2/2//
		Dr. S	J. Li	u. M.D.		516 St.	Francis I	Road	
23	a. Bl	IRIAL, CREMATION, REMOV			NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
	CI	remation	1/	28/85 W	estvi	lew Cremator	V Catons	ville	Balton
	_	VERAL DIRECTOR				25a. DAT	N 2 8 1985	256. REGISTE	AUTA PROPRETANA
	Αn	nbrose, Inc	132	8 Sulphu	r Sna	ring Pd M	1 3 R 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	U	
	4 1 1	intobe, The	. 132	o Bulpilu.	r Shi	Tild Ku.I o.		1	



injury, or other troumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND

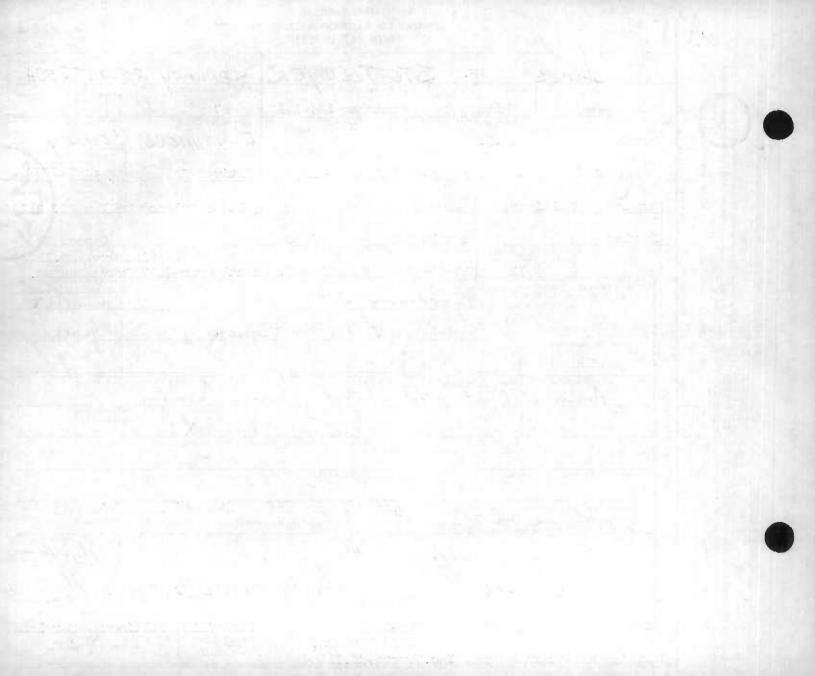
	1 -	STATE REGISTRAR			DET.	CERTIF	ICATE OF	DEATH	REG. NO.	0 0	0 1	J
W	1 DEC	EASED NAME	FIRST		MIDDLE	L.	AST		20. DATE OF DEATH MONT	TH DAY YE	AR 2b HOL	JR .
	(TYPE	OR PRINT)	MES		W.	STOTT	LEM	YER	JANUARY	25,198	5 2:5	DAM
	3. SEX			4. RACE	7-2-5	5. DATE C		YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS D	YEAR IF UNDER	24 HRS
	M	ale		White				, 1917	67	YRS.		atra
		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8.	NEVER	MAPPIED [9 BANTIMORE CITY OR CO	UNTY OF DEAT	Н	
2		aryland		U.S.A.		WIDOWE		NORCED	DALTIMOR	E CO	UNTY	MD.
21	10 CI	TY OR TOWN OF DEA	HTA		HOSPITAL, NU	JRSING HOME C	R OTHER INS	TITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	12b KIN	DOF BUSINE	SSOR
<u>y</u>	-	TOWSON		ST.	JOSEF	H HOS	SPITA	4	Retired Sale	smansta	inless	rn Steel
0		AL RESIDENCE (IF NURS	136 COUN		130 CITY OR		13d INSIDE	ITY LIMITS?	13e STREET ADDRESS / ZIP	CODE		
	M	aryland	Balti	more	Tows	on	YES 🗌	NO 🙀	12808 Dulan	ev Valle	ev Rd.	21204
-	I4 FA	THER'S NAME		WIDDLE	LAS		15 MOTHER	S MAIDEN NAM			LAST	
(C	harles			Stott1		M	ingon		Ca	arson	
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORM	ANT	ADDRESS	Lineboro	o. Md.2	21.088
		es		II	212-03	-8386	Charl	es L. S	tottlemver-48			
		18 CAUSE OF DEAT	H (Enter on	ly one couse per	line for (o), (b	or, and (ch.)	- /				PROXIMATE INTE	
		PART I. DEATH W		D BY: E CAUSE (o)	Car	diacA	rrest			in	media	te
					PAS A CONS	EOUENCE OF		. () (
		Conditions, if any,	, which	((b)	111	eroscles	rotic	Heart	1/569.50		years	
		gove rise to improve couse (a), status		DUE TO O	PASA CONS	EQUENCE OF			313127			
		underlying couse	last	(c)	N A3 A CON	Lagoriter of						
		PART 2 OTHER SIGN	NIFICANT C	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	MOJRELATE	TO THE TERM	INAL DISEASE AR CONDITIO	N GIVEN IN PAI	RT 110	
	o N	Ane	emia	/Gas	stroin	testinal	Bleedi	ng/Sei	vere Veneul	19		
7	CERTIFICATION	190 DATE OF OPERA	TION	/ 196 COND	ITION FOR W	HICH OPERATIO	N WAS PERF	DRIVED	200 AUTOPSY? 20b	IF YES, WERE FI	NDINGS USE	D TH?
4	ZIEI								YES NO	YES 🗌	NO [
1		21a. ACCIDENT WAS UN	-	216 TIME C		DAY YEAR	21c. HOW II	NJURY OCCURR	RED (ENTER NATURE OF INJURY IN IT	IEM 18 PART I OR PAR	7 2)	
	SAL	(IF EITHER NOTIFY MEDI		CIP .	м.	19						
	MEDICAL	21d. INJURY OCCUR	RED	21e. PLACE		FFICE FARM ETC)	211 LOCATI	ON	CITY OR TOWN	COUNT	Υ 5	STATE
	<	AT WORK NOT WE	RK -									
		22a.1 certify that (1)					21	19_85	10 Jan 1 25	19 85	that (1)	we) lost
		sow the secess obove ((1) (we) (ed olive on didi (did no	view the body	ofter death	19 <u>85</u> . on	nd that in (my	(our) opinion o	death occurred on the date or	nd hour and from	the causes st	ated
		73% SIGNATURE	41.		- 1		DEGREE	ATTELIA A	Current criss	22c. C	ATE SIGNED	/
		ON	Neag	nice	-14)		MD.	PHYSICIAN	MEDICAL STAFF		1/25/2	85
Ì		THE PHYSICIAN'S N	AME 17th	arenet)	/		22e ADDRE	55 1/1	D. /P.		11.	7/7-
		T.le	LEG	MANN			840	6 MARI	FORD ND./DAL	TIMORE	,110,0	11239
		URIAL, CREMATION,	REMOVAL	23b. DATE		23¢ NAME OF C	EMETERY OR	CREMATORY	23d LOCATION	COUNTY		STATE
		urial		1-28-	85	Morelan	nd		Parkville, B		e. Mary	rland
	24 FL	INERAL DIRECTOR				7.050		25a. DAT	E RECED. BY REGISTRAR 258.	RECHSTRAR'S SIC	TUDE	

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

Inc. Towson, Md. 21204



Mitchell-Wiedefeld Home 6500 York Road 21212

FOR

- STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

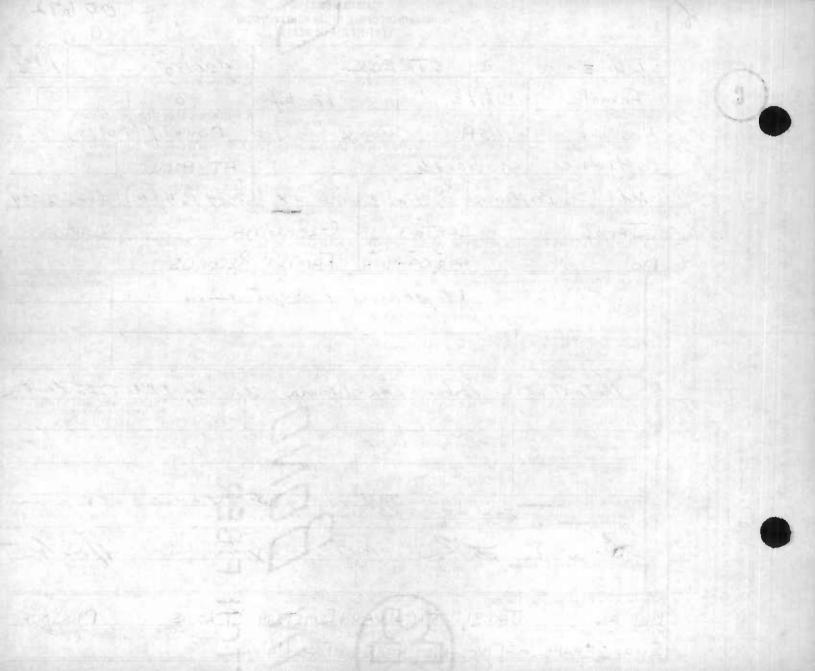
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE

Md.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Mitchell-Wiedefeld Home 6500 York Road 21212

STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME FIRST 2a DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINTS THELMA G. SULT. I VAN 01 185 4. RACE DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3. SEX IF UNDER 24 HRS MONTH 1905 23 Female. White 79 BIRTHPLACE I STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED Maryland U.S.A. BALTIMORE COUNTY WIDOWED DIVORCED X B CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR INDUSTRY Office TOWSON Mgr. Motor Co. GREATER BALTIMORE MEDICAL CENTER USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 13g STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Balto. Maryland Cockevsville YES Malcomb Circle 21030 10308 NOXX 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Elwood Graves Flora Burns 17 INFORMANT **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) James Gladden 303 Quaker Ridge Rd. 217-01-0510 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY CARDIORESPIRATORY ARREST IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF RENAL FAILURE, INTRA ABDOMINAL SEPSIS Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse CANCER OF OVARY PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO F 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19

II LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE AT HOME STREET, FACTORY OFFICE FARM, ETC 1 NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from 85, and that in (my) (aur) apinion death accurred on the date and hour and from the couses stated saw the deceased alive on 1/24 above the body after death. DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN W 22e ADDRESS 27d. PHYSICIAN'S NAME (IXPLOR PRINT) P.J. PATEL, M.D. GBMC - 6701 N. CHARLES ST. 21204

0

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT:

should be with the

24 FUNERAL DIRECTOR Ruck-Towson Funeral Home Inc. 1050 York Rd.

(SPECIEY

Cremation

230 BURIAL CREMATION REMOVAL 236 DATE 1/25/85 234. NAME OF CEMETERY OR CREMATORY Greenmount Cemetery

21204

23d. LOCATION

Balto.

Davidsons - Randell

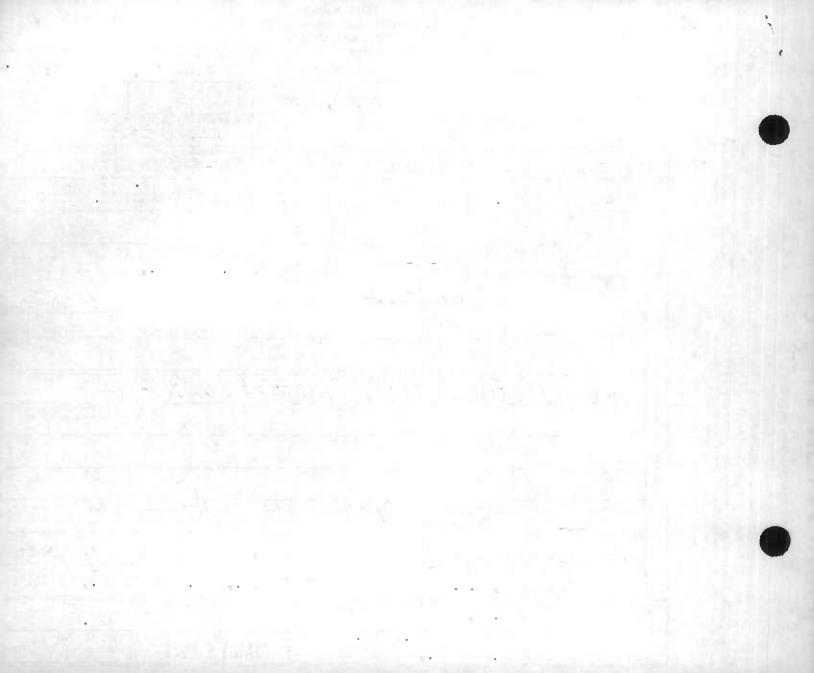
Md.

STATE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

.07 (10) -1018 Sev 21 that ... I want to up the pole in as nt 12 1-1 - ... cute - Tor non lighter Live e Erec. - 1030 Fort Md.

. //	1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYGICATE OF DEATH	REG. N	0.		
ay be oge 3 deoth		CEASED NAME FIRS	CELIA	WIDDLE		SERMAN	20 DATE OF DEATH JANUAR	MONTH D	1985	7:45 P
OP OF	3 SE	× FEMALE	4 RACE WH I	TE	S. DATE C	Y 4, DAY 1900 EAR	6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
1997	7a. B	RTHPLACE (STATE OR FOREIGN OUNTRY) RUSSIA	76 CITIZEN OF	WHAT COUNTRY?		D NEVER MARRIED D	BALTIMORE CITY O			ME
1 90		IKESVILLE		HOSPITAL, NURSIN	G HOME C	ROTHER INSTITUTION	SELF-EMPLO	DYED LIFE	LAMP	SHADE
24 hour	USU 13a	AL RESIDENCE (IF NURSING HOSTATE 13b (BALTO	BALT IMO		13d INSIDE CITY LIMITS?	133701 TWIN	APT. LAKES	307 MA CT. 2	1207
of with	14 F.	ATHER'S NAME FIRST ZVI	MIDDLE	SILVER		15 MOTHER'S MAIDEN NA MTNNA	ME MIDDLE		UNKNOW	ĺN
on and co Pages I	NC NC	WAS DECEASED EVER IN U. YES, NO OR UNKNOWN) (IF YE	S. ARMED FORCES? ES, GIVE WAR OR DATES)	214-01-2		17. INFORMANT INFORMANT INFORMANT INFORMANT	BENJAMIN SUS ΓRD. BALT	SERMAI TO., M)8
strificate by physicio on papers emaval.		18 CAUSE OF DEATH IEM PART I. DEATH WAS C	ter only one couse pe AUSED BY EDIATE CAUSE (0)	r line for to i, ib , on	VA				BETWEEN O	MATE INTERVAL ONSET AND DEATH
ires that the deoth organed by the attending n please remove corbural, cremation, or ry, or ather traumoth		Conditions, if ony, white gove rise to immedia couse 101, stating 11 underlying couse lost	ch te b)	OR AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	NINAL DISEASE, OR CON	DITION GIVI	EN IN PART 110	01
n. no been si nos been si nos permit. The ne prior to	CERTIFICATION	NOPER	PARATIK	OITION FOR WHICH	S M OPERATIO	BAKI ER N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	OF DEATH?
PHYSICIAN: The ending physician this certificate had build-stronst by ad Mental Hygien dor them 18 shaped or them 18 shaped		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE	OF DEATH HOUR A	OF INJURY m. MONTH DA	AY YEAR	21¢, HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	YES	ART 1 OR PART 2)	NO []
DING PHYSICi or attending p After this cert e os the burial alth and Mental marked or them	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET	CITY OR TOV	٧N	COUNTY	STATE
ATTENDIN Ispital or CTOR: Af Afor use of J for use of Mealth		22a.l certify that (I) (this sow the deceased ali above (I) (may take) (c	ve on 12/2	19_	84 .01	184 1984 nd that in (my) (our) opinion	deoth occurred on the di	ate and hour	1	1
TO HOSPITAL OR retorned by the hor TO FUNERAL DIRE should be deroched with the Store Depth with the MONTANT; if then		774 PHYSICIAN NAME		M		22e ADDRESS	MEDICAL STAIL DIRECTOR PHYSIC		III DATE	185
TO FU should with the	23a. l	BRIAN KAM BURIAL, CREMATION, CEMO SPECIFY) BURIAL	NTROFF, M. 23b. DATE 8		AME OF S	11 SLADE A	VE., APT. 10			
BP DHMH - 16 50M 1/76	24. F	UNERAL DIRECTOR SO	L LEVINSO	N & BROS.	, INC	25a. DAT	E REC'D. BY REGISTRAR	256. BEGISTE	AD'S SIGNIAT	STATE MD
(VR A 15 (4))	60	010 REISTERST	OWN RD.	BALTO., M	0 21	215	AN 1 1 1985	- lian	Davidson-	Madagas



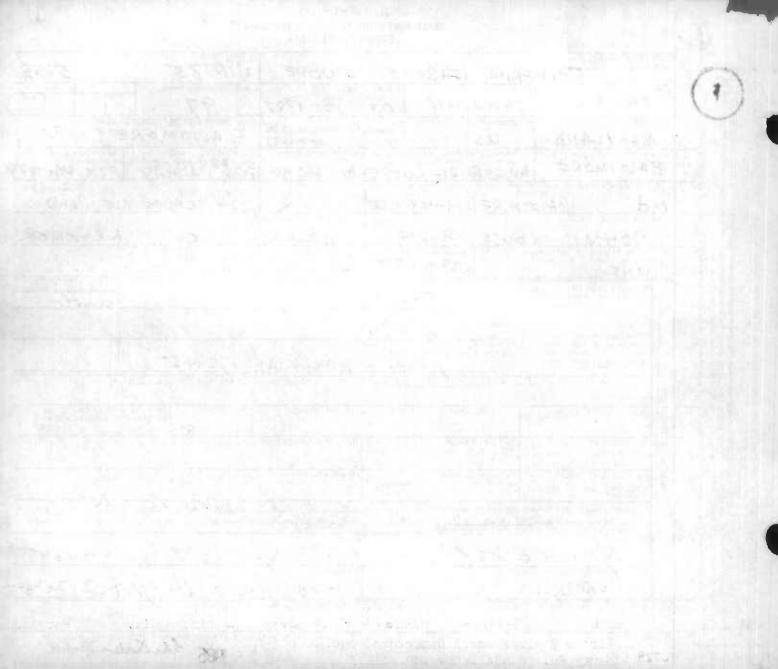
h	FOR - STATE		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 5 C	0 6	/ 8
	REGISTRAR DECEASED NAME FIRST YPE OR PRINT) CA+	HARINE ISS	BELLE	SWOPE	REG. NO. 20. DATE OF DEATH MONTH 1/12/85	DAY YEAR	26. HOUR 5:39 _M
3. 9	FEM ALE	4. RACE CAUCASIO	1			MONTHS DAYS	IF UNDER 24 HRS
70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76. CITIZEN OF WHAT C	OUNTRY? B MARRI WIDOW	ED NEVER MARRIED X	9. BALTIMORE CITY OR COU		WTY MD.
	BALTIMORE	(IF NOT IN SUCH FACILITY		OR OTHER INSTITUTION	STOPPER VISION	NG LIFE) INDUSTRY	FACTORY
130	SUAL RESIDENCE (IF NURSING HOME) 6. STATE 13b. CC	DUNTY 13c. CIT	DENCE BEFORE ADMISSION Y OR TOWN HERVILLE	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	UVALE R	21093 0HD
0	FATHER'S NAME FIRST	Cours	WORE	15. MOTHER'S MAIDEN NAV	MIDDLE	KRA	EMER
160	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES, UNK)	ARMED FORCES? 166. SO GIVE WAR OR DATES)	7-09-775	Augsburg Lut 6811 Campfie	theran Home eld Road Balt:	imore, MD	
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	only one couse per line for ISED BY: IATE CAUSE (o)	Stol	e		BETWEEN C	MAYE INTERVAL ONSELAND DEATH
	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A C	ASCU	Δ			
	couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A C	prier	paeema	Les, CHE INAL DISEASE OR CONDITION	L CIVEN IN DART I	
ATION				ON WAS PERFORMED		FYES, WERE FINDIN	
CERTIFICAT	21g. ACCIDENT WAS UNDERLYING			Sub-end-line		ERTIFYING CAUSES YES [
MEDICAL	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MC	ONTH DAY YEAR	3	TEO (ENTER MAIORE OF MAIOR MAIOR		
ME	AT WORK	(AT HOME, STREET, FACTO	DRY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
	22a.t certify that (I) (this has saw the accessed alive above, (I) we) (did) (did) (22b. SIGNATURE	on () Cue //		and that in im (our) opinion of	death occurred an the date and		
	Hero	CB PRINT)	16	40 ATTENDING PHYSICIAN 1220, ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN		-85
22	Hosel	DRI	BOB	CEMETERY OR CREMATORY	Pack Her 1236 LOCATION	14/2	1208
230	BURIAL, CREMATION, REMOVE Burial	236. DATE 1/14/85		Park Cemtery	Baltimore C	ity	Marylane

DHMH - 16 50M 4/B2 (VRA 15, 4)

²⁴ FUNERAL DIRECTOR Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, MD. 21133

250 DATE REC'D. BY REGISTRAR'S B. REGISTRAR'S SIGNATURE

AN 1 6 1985 Acha Javidson Andale



(c)

ending physician and campletely filled in by the funeral director, page 3 carbonpapers. Pages 1 and 2 shauld be filed within 72 hours after death

injury, ar other traumatic event, th

with the State usept with the State of Hem 18 shaws any IMPORTANT; If Hem 21 is marked or Hem 18 shaws any

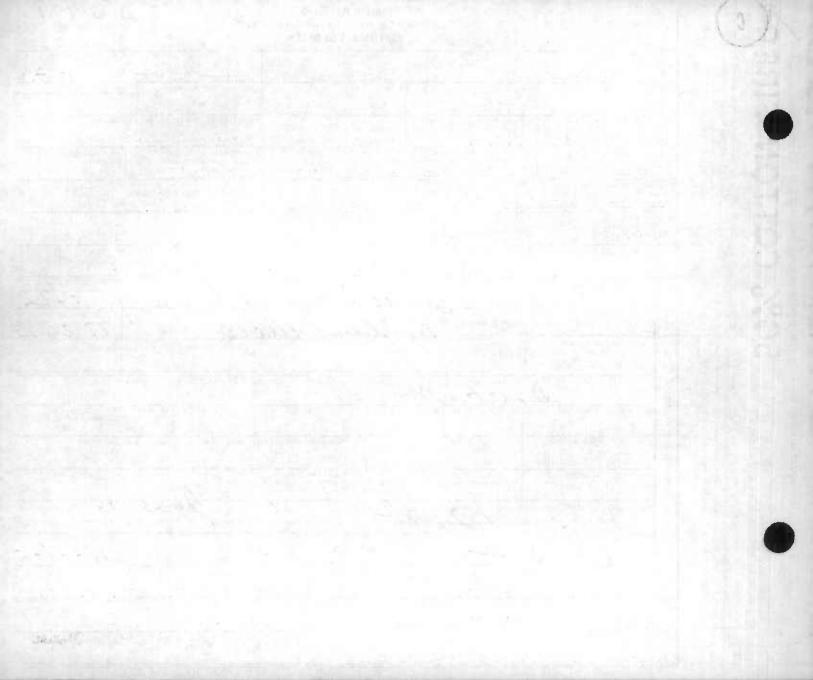
er this certificate has been signed by the atten sithe burial-stransit permit. Then please remave c and Mental Hygiene prior to burial, crematian. FOR STATE STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF I	DEATH		REG. NO	0.				
1		CEASED NAME	FIRST		MIDDLE	t	AST		20. DATE OF			DAY YEAR	21	HOUR	
1	Tives		garet	G		Szla	chetka		Tanua	rv 22	1005		1	OA.	AA
	3 SEX			4 RACE		5. DATE C	OF BIRTH		6 AGE INY			IF UNDER I YE	AR IF	UNDER 24 HR	
	F	emale		Whit	e	12	5 DAY	1913	1990	71	YRS	MONINS DA	12 H	OURS MIN	1
-		RTHPLACE (STATE OR)	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER	AARDIED []	9 BALTIMO	RE CITY O		Y OF DEATH			
1		ennsvlvar	nia	U.S.A		WIDOWE		VORCED	Ralti	more	Count	* * * 7			AD.
7		TY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NURSIN	IG HOME C	40.00	TITUTION	120 USUAL	OCCUPATI	ON	12b. KINI		BUSINESS C	
1	Ed	gemere			ace Road,		mere 2	1219		sewi		1110031			
	USUA 13e. S	AL RESIDENCE (IF NURS	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE C		13e.STREET			2	121	9	_
A	Ma:	ryland	Balti		Edgemere		YES [NO X				Edgem			
1	14. FA	THER'S NAME		WIDDIE	LAST		15 MOTHER	S MAIDEN NAM	ΛE	MIDDLE					
1	Mi	ichael		WILD DEC	Kohler		E	7a				Bach			
	160 W	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORMA		970.50	ADDRE	Du	me as	. 1.	3e	
	No				217-03-	7057	Antho	ony P.	Szla	chet	ka,	Jr.			
		18 CAUSE OF DEAT			line for (a) they on	dicity	1	, ,	P	/	-	BETWE	OXIMA EN ONS	TE INTERVAL	н
		PART I. DEATH W		E CAUSE (0)	Seen	no	unt	show	al K	elive	make	Corci	2	4 h	0
	200			DUE TO, O	R AS A CONSEQUE	NCE OF	1	0 01/1				1		- / /	
		Conditions, if any		(b)_	1)6	od	ende	M	cer	,		10	110	26-8	19
		gove rise to imr	ng the	DUE TO, O	R AS A CONSEQUE	NCE OF									
		underlying cause	lost	(c)							L			111111	
	z	PART 2 OTHER SIGN	NIFICANT	ONDITIONS CO	NTRIBUTING TO D	DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEAS	E OR CON	DITION GI	VEN IN PART	10		
	Tio		6	call	20/11				1		Ton or or				
	CERTIFICATION	190. DATE OF OPERA	IION	196. COND	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTO)PSY?	IN CERTI	S, WERE FIN FYING CAU	SES OF	F DEATH?	
-	ERTI	210. ACCIDENT WAS UNI	DEBLYING F	1 21b. TIME O	E IN II IDV		Tale HOVALIN	III IDV OCCUIDD	YES .	NO		ES 🗌		NO 🗌	
		OR CONTRIBUTING	_			YEAR	ZICHOWIN	JURY OCCURR	ED (ENTERNA	TURE OF INJUR	RY IN ITEM 18	PART I OR PART	2)		
	MEDICAL	(IF EITHER NOTIFY MEDI-		P.i		19	21f LOCATK	201					_		
	ME	WHILE I NOT WE			EET, FACTORY OFFICE F	ARM ETC)	STREET	J14		CITY OR TO	WN	COUNTY		STATE	
		-		4-1) -44		.07	1	011		(here	77.	80	e		
		22a.1 certify that (1) saw the decease	ed alive an	/	1 196	P Con	nd that in (my)	(our) opinion d	, to leath occurre	don the do	ote and has	ir and from t	tho	it (l) (we) lo ises strited	ıst
		obove, (1) (we) (c	did did no	t: view the body	ofter death.		DEGREE						ATE SIC	-200	
		1	5 1	uin	-	1	21)	ATTENDING -	MEDICAL	STAF		1	12	2/8	ح
-		22d. PHYSICIAN'S NA	AME JIYPE O	R PR			22e ADDRES		DIRECTOR	PHISIC	IAIN [_]	1//	-	-/ 3	
		Pogos C	ToTal ma	dans M	D		1012	07.2 No	Ala mia	b D3	. D.	7.L W	7 2	1000	
-	23a B	URIAL, CREMATION,		dsor, M		NAME OF C	EMETERY OR	Old Nor	23d. LOCA		Ba Ba	LL. M	1.4	1666	-
	(5	specify) Surial		1/25/	7005				CITY	ORTOWN		COUNTY	-	STATE	
		INERAL DIRECTOR		12/23/		acred	пеатт	of Jesu 250. DATE	RECD BY R	EGISTRAR	25b. REGIS	arylan	MIN	induse	
	D11	da-Ruck Fu	inera!	Home o	ADDRESS f Dundall	k Tne		17	N 25	1985	10	VENDER FUNDA			
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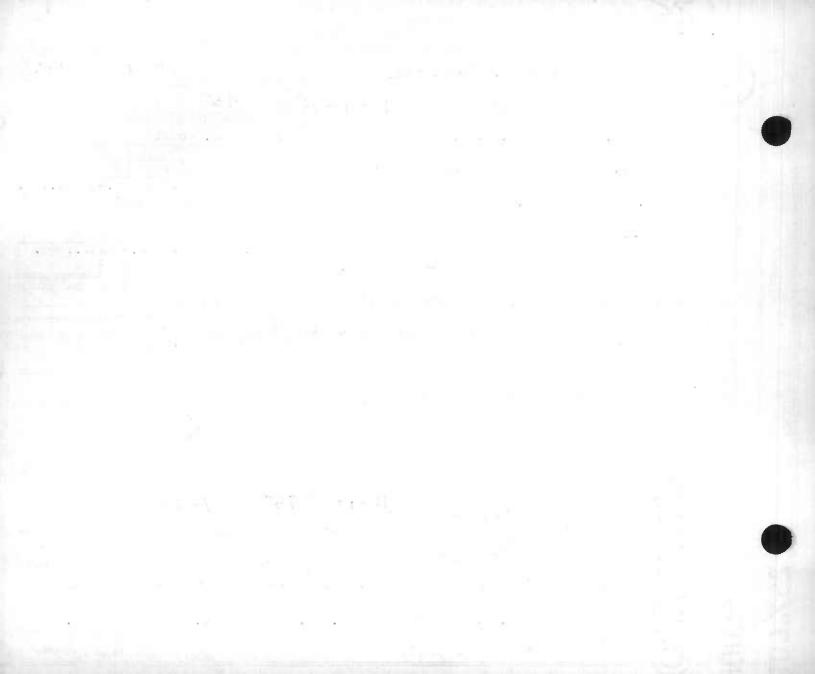
DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this should be detached for use as the biwith the State Dept. of Health and M



TOAT CUA LE 10-4-94 YOURS LE The state of the s CK LEND a distribute of the A - a dat At British and the same of the total and the same of the same and the same of the same



9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY 12b. KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CLOTHING 130 STREET ADDRESS / ZIP CODE 4 RUSSERN CT., APT. 2B #21215 UNKNOWN MRS. RUTH POTEACK BALTO., MD 21207 APPROXIMATE INTERVAL BETWEEN OMBET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) COUNTY STATE and that in (my) (our) apinion death occurred an the date and have and from the causes stated 22c. DATE SIGNED 6610 CROSS COUNTRY BLVD BALTO. MD STATE BALTIMORE MARYLAND 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. DHMH - 16 50M 4/B3 who Davidson Randall 6010 REISTERSTOWN RD. (VRA 15, 4) BALTO., MD 21215

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

26. HOUR

IF UNDER I YEAR

12:20

IF UNDER 24 HRS



DHMH - 16 60M 7/B4

(VRA 15, 4)

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF DEATH	REC	3. NO.	
DECEASED NAME FIRS	ST MIE	DDLE	AST	20. DATE OF DEAT		YEAR 76 HOUR
	s Albert !				uary 17 1985	- 8.30AM
3 SEX	4 RACE	5. DATE C	DE BIRTH	6 AGE (IN YEARS LAS	ST BIRTHDAY) IF UNDE	R 1 YEAR IF UNDER 24 HRS
Male	Caucasio		ember 26 1926 '-		38 YRS.	
70. BIRTHPLACE (STATE OR HOME)	4	HAT COUNTRY? 8	D NEVER MARRIED		Y OR COUNTY OF DE	ATH
Pennsylvania	U.S.A.	WIDOW		Baltimor		MD.
10 CITY OR TOWN OF DEATH		DSPITAL, NURSING HOME (FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	TYPE OF WORK FOR ME		KIND OF BUSINESS OR
Randallstown		re County Genera	l Hospital	Veternar	ian Aide	Kennel
13a. STATE		IVE RESIDENCE BEFORE ADMISSIONS 30. CITY OR TOWN Bradbury Hgt	S YES NO X	13e STREET ADDRE 5209 Tor	ss / ZIP CODE que Street	20743
14 FATHER'S NAME	WIDDIE	LAST	15. MOTHER'S MAIDEN NAM	ME MIDD	I.F.	LAST
William Willard	Tennant		Helen G. (ne	e Kelly)		
160 WAS DECEASED EVER IN U.	S. ARMED FORCES? 1	66 SOCIAL SECURITY NO.	17 INFMMAHarry Te		DDRESS	20785
No		190-16-8648	2702 Lake Av	renue	Cheverly	Maryland
Conditions, if ony, whi gove rise to immedia couse to), storing t underlying couse to PART 2 OTHER SIGNIFIC COPPLY TO THE STORY OF THE	ch (b) (b) (de he le to, or or or or or or or or or or or or or	Dior des	NOT RELATED TO THE TERM HO IN WAS PERFORMED 216 HOW INJURY OCCURE	M . 6 . 200 AUTOPSY? YES NO[20b. IF YES, WERE IN CERTIFYING C	E FINDINGS USED CAUSES OF DEATH?
OR COLUMNIC CALLER	OF DEATH HOUR A.M	. MONTH DAY YEAR	ZICTIOW INJOKT OCCOR	CED (ENTER NATURE OF	INJURY IN ITEM IS PART FOR	PART 2)
CITY EITHER NOTIFY MEDICAL EX	21e. PLACE O		21f LOCATION STREET	CITY	DR TOWN CO	UNIY STATE
270. I certify that (1) (this saw the deceased of above. (1) (we) (did) (s	hospital) attended the ve on did not; view the body of	fter death.	nd that in (my) (our) opinion of the desired that in (my) (our) opinion of the desired that is not the	death accurred on the	22	That (I) (we) lost rom the causes stated (c. DATE SIGNED)
SHAUKAT	Y. KHA	/	22a ADDRESS	16 WILL		E, BALTOM
230 BURIAL, CREMATION, REMI (SPECIFY) Cremation	1/21/85	Westvi	ew Crematry	Caroni	Sville Bal	timore MD.
		neral Directors, n, Maryland 2113			RAR 25b. REGISTRAR'S	

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FOR

REGISTRAR

Mr. Arthur H. Tharp

4 RACE

DECEASED NAME

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

5. DATE OF BIRTH

REG. NO 2n DATE OF DEATH MONTH

AGE (IN YEARS LAST BIRTHDAY)

January 26 1985

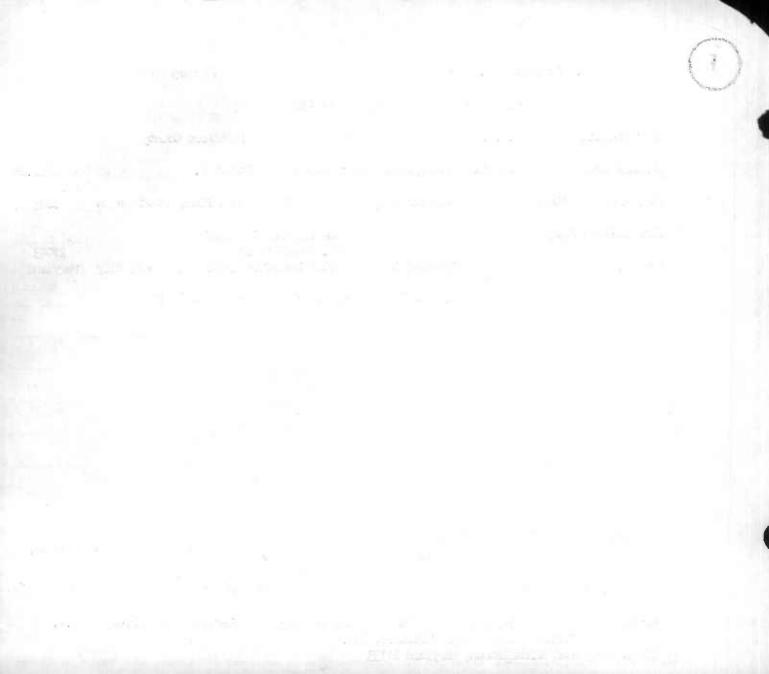
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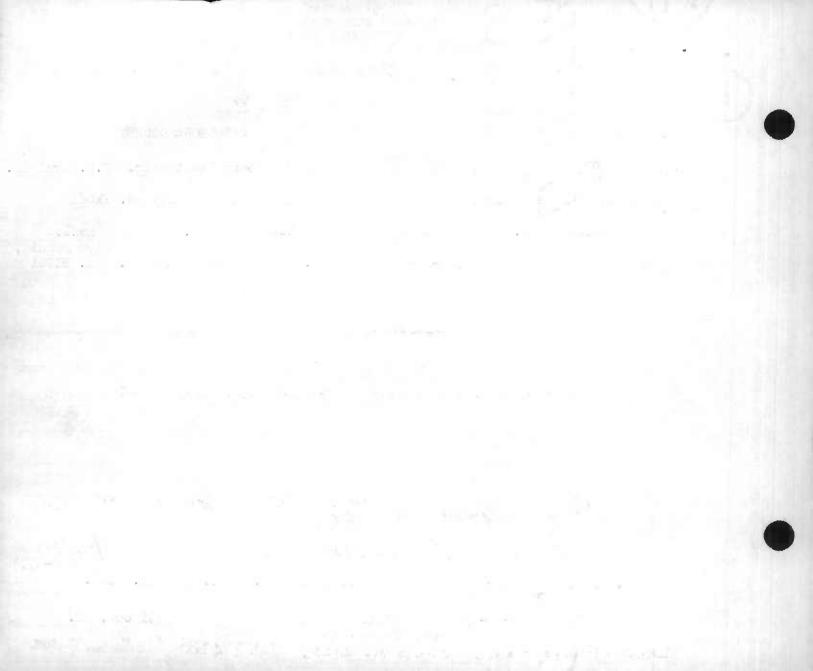
IF UNDER TYEAR

Male Caucasian December 22 1902 JE BIRTHPLACE AND AND OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED West Virginia U.S.A. WIDOWED DIVORCED I Baltimore County II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH EACILITY, GIVE STREET ADDRESS) Randallstown Meridian Nursing Home Randallstown Desk Sgt. Police Calif.PA USUAL RESIDENCE (IF NURSING IN WE OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Blvd. 13e STRFET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Maryland Howard Ellicott City 21043 3011 Town & Country IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME LAST John William Tharp Ada Virginia Orndorff 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 IN MRMADonald Tharp 21043 10021 Waterford Drive 193-10-7009 Ellicott City APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 20h, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL NO IT 210. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21h TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, EARM, ETC 1 NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated saw the deceased alive an_ abave, (1) (we) (did) (did not) view the bady after death LL SIGNATURE DEGREE 22c DATE SIGNED 224 PHI SICIAN'S NAME (TYPE OF PRINT) 22a. ADDRESS LIBERTY PLAZA MALL Court Road Randallstown, MD. Dr. Jerome Ginsberg 23g. BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Burial Wardensville Cemeterv Wardensville Hardey 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Loring Byers Funeral Directors. Inc. une verdoon hander 8728 Liberty Road Randallstown, Maryland 21133

DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND



FOR STATE REGISTRAR

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG NO

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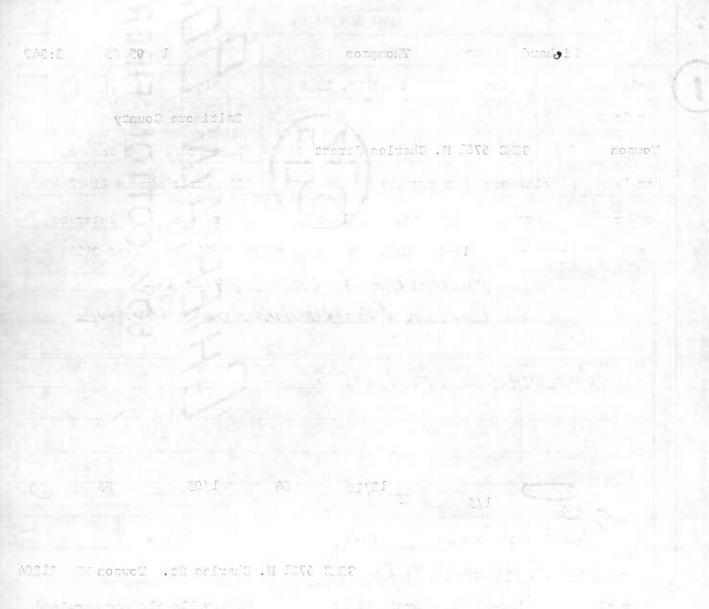
	REGISTRAR				REG. NO	D.	
	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE		AST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
J	Richa		Thomps			1 05 85	3:34P _M
	Male Male	White	June	28, 1903 YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS	# UNDER 24 HRS HOURS MIN.
1	70 BIRTHPLACE (STATE OR FOREIGN Maryland	U.S.A.	Y? B MARRIEI WIDOWE	DI NEVER MARRIED DIVORCED	Baltimore city of		MD.
	Tows on	GBMC 6701 N C			12a USUAL OCCUPATION OF VICE-Pres		ing
		ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY Ltimore Luther		13d. INSIDE CITY LIMITS? YES NO 12		ZIP CODE Avenue 210	93
0		orsey Thomps		15 MOTHER'S MAIDEN NAM Alice	Virginia		
	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECULAR SECU		Mr. R.D.Thomp	ADDRE Son 2521 Eb	ony Road 21	234
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER STONIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUENCE OF THE CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHICH	ODEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONE 200 AUTOPSY? YES X NO	20b. IF YES, WERE FINDI IN CERTIFYING CAUSE: YES WA	NGS USED
	OR CONTRIBUTING _ CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE	HOUR A.M. MONTH	12 ₇	216. HOW INJURY OCCURR 216 LOCATION STREET 128 , 19 84 14 that in (my) (our) apinion decrete 129 ATTENDING PHYSICIAN 1216. HOW INJURY OCCURR	CITY OR TOV to 1/05 leath occurred on the do MEDICAL STAF DIRECTOR PHYSIC	vinitem 18 PART LOR PART 2) wh county 19 85 ite and hour and from the 22c. DATE	that (I) (we) ast couses stated
	23a. BURIAL, CREMATION, REMOVAL (SPECHY) Burial 24 FUNERAL DIRECTOR NAME Mitchell-Wiedefe	1-9-85 1	Druid F	EMETERY OR CREMATORY Ridge 25a DATE	23d LOCATION CITY OR TOWN Pikesville REC'D. BY REGISTRAR	BaltimoreMa	ryland

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and a should be detached for use as the burial-transit permit. Then please remove carbompopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

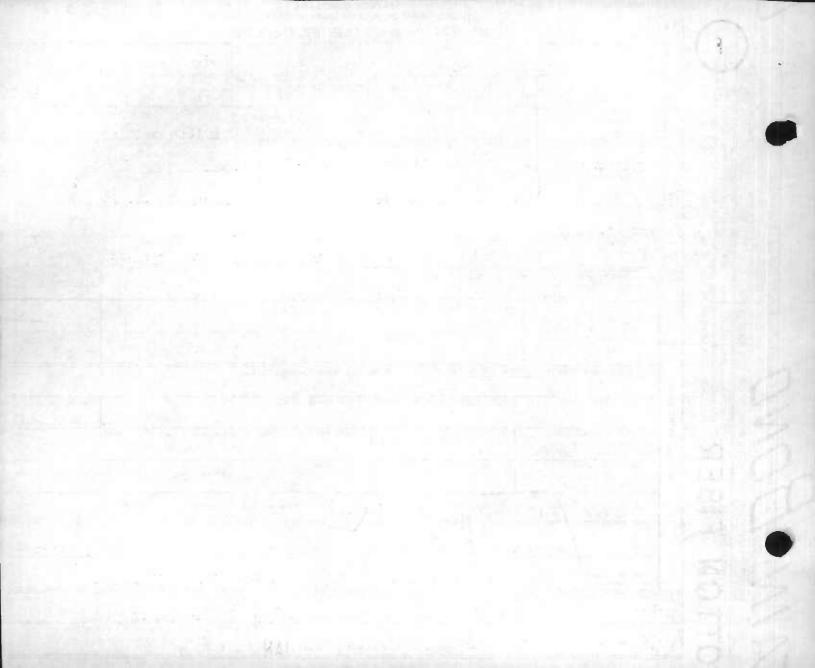
etoined by the hospital or attending physician

BP.



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	REGISTRAR	ME	FREST		WIDDL	E		LAST			REG. NO		DAY	YEAR	2b HO
100	PE CALPERNITY		Share	on	Loi	s	Th	nompson		OF DEATH	MATED X	1	12 1	85	13
Fe	male	Wh:	ite	5 DATE OF MONTH 03/18	OAY YE	0.5			DER 24 HRS.	2c. DATE PRONOUN DEAD	CED	MONTH	14 I	9 85	11:
	IRTHPLACE OFFICE COUNTR			76 CITIZEN	OF WHAT CO		8 MARRIE	ED NEVER MA	ARRIED	9 BALTIM	ORE CITY C	OR COUN	TY OF DE	ATH	
Ma	ryland				USA		WIDOW		ORCED 🔲	Balt	imore	Cou	nty		1
Pi	kesvil	le ·	/	(IF NOT IN	SUCHFACILITY, G	NURSING HOME VILLE CO ENCE BEFORE ADMISSI	ourt	21208 apt 3B	FORA	nemaki nemaki		E OF WORK		NDUSTR	Υ
Mo	STATE	E (IFINN	136 COU	OR OTHER INSTITU	13c. (i kesvi 11	ION	YES NO		Deal IST	ss ille (Ct.	Apt 3	2120 #3B	8
14.1	ATHERS NAM	WE		MIDOLE		LAST		15. MOTHER'S MA			DDLE		LA		
		Α.	Payne			SOCIAL SECURIT	V.110	Ma-	ry L.	Kai	ADDRESS				
	YES, NO, OR UNKI			RMED FORCES (E WAR OR DATES)				Robert		27.			Doo	3 01	011
-		OFDEA	TH (Enter o	only one couse		217 50 54	433	ropert	rayne	37.	11 Cli	rpper	APP	COXIMATE	INTERVAL
	PARTII	DEATH	WAS CAUSI	ED BY:	Maal		drug	intoxio	ratio	1			BETWE	EN ONSET	AND DE
	(AL)		IMMEDIA	ATE CAUSE (o)		CONSEQUENCE									
	Condit	one if	ony, which		10, OK A3 A (CONSEGUENCE	OF								
			immediate												
		(a) statin	ig the under	T- DUE 1	TO, OR AS A	CONSEQUENCE	OF								
	Tyling C	onse ios	1.												
				(c)											
7	PART 2 DINER	SIGNIFICA	ANT CONDITION	(c)	D DEATH BUT NOT	RELATED TO THE TERM	AINAL DISEASE	DR CONDITION GIVEN I	N PART 1 (a)						
MOIT									N PART 1 (a)				20 61	TOPSV2	
FICATION	PART 2 DINER					RELATED TO THE TERM			N PART 1 (d)					TOPSY?	
RTIFICATION	19a. DATE C	OF OPER	RATION	19b C	CONDITION F	OR WHICH OPER	RATION W	AS PERFORMED?		NATURE OF THE	TIDY IN IVEN A	DARK LODGE	YE	TOPSY?	NO [
L CERTIFICATION	19a. DATE C	OF OPER	RATION USE WAS	19b C	ONDITION F	OR WHICH OPER	RATION WA	AS PERFORMED?	RRED (ENTER)	NATURE OF INJ	URY IN ITEM 18	PART I OR P	YE		NO [
ICAL CERTIFICATION	190. DATE C	OF OPER	USE WAS OR CAUSE OF	196 C 216. T HOU F DEATH	IME OF INJUR JR A.M. MON P.M.	OR WHICH OPER RY NTH DAY YEAR 1/12/1985	RATION WA	as performed? DW INJURY OCCU Jested (RRED (ENTER)	NATURE OF INJ	URY IN ITEM 18	PART) OR P	YE		NO [
SEDICAL CERTIFICATION	19a. DATE C	NAL CAL	CAUSE OF	196 C 216. T HOL F DEATH	IME OF INJUR JR A.M. MON P.M. PLACE OF INJUR	OR WHICH OPER RY NTH DAY YEAR 1/12 1985 LYRY (ATHOME, RM, ETC.)	RATION W.	AS PERFORMED? OW INJURY OCCU GESTED (CATION TREET	RRED (ENTER)				YE ART 2)		NO [
MEDICAL CERTIFICATION	19a. DATE C	NAL CAI	RATION USE WAS OR CAUSE OF	21b. T HOU F DEATH	IME OF INJUR JR A.M. MON P.M.	OR WHICH OPER RY NTH DAY YEAR 1/12 1985 LYRY (ATHOME, RM, ETC.)	RATION W.	as performed? DW INJURY OCCU Jested (RRED (ENTER)		URY IN ITEM 18		YE		
MEDICAL CERTIFICATION	210 EXTERIUNDERLYINCONTRIBU 21d. INJURY WHILE AT WORK	NAL CAI	USE WAS OR CAUSE OF RRED T WHILE WORK	21b. T HOU F DEATH	IME OF INJUR UR A.M. MON P.M. PLACE OF INJUR HOME	OR WHICH OPER RY NTH DAY YEAR 1/12 1985 URY (ATHOME, RM, ETC.)	RATION WA	as performed? ow injury occu gested (Lation iret let uvil	drugs	.Balt	vo.,C	, co	YEART 2)		
MEDICAL CERTIFICATION	210 EXTERIUNDERLYINCONTRIBU 210. INJURY. WHILE AT WORK	NAL CAI	RATION USE WAS OR CAUSE OF RRED TO WHILE WORK	21b.T HOL P DEATH	ONDITION F	RY NTH DAY YEAR 1 / 12 1985 URY (ATHOME, RM, ETC.)	21c HC R 5 inc 211 LOC 3 I	as performed? DW INJURY OCCU	RRED (ENTER) drugs le Ct	CITY OR JOY Balt	vn CO., C		YEART 2)		
MEDICAL CERTIFICATION	210 EXTERIUNDERLYINCONTRIBU 21d. INJURY WHILE AT WORK	NAL CAI	RATION USE WAS OR CAUSE OF RRED TO WHILE WORK	21b. T HOU F DEATH	ONDITION F	RY NTH DAY YEAR 1 / 12 1985 URY (ATHOME, RM, ETC.)	RATION WA	AS PERFORMED? DW INJURY OCCU GESTED CATION Deauvil y K. Inspe	RRED GENTER PROPERTY OF CENTER P	.Balt	vn CO., C	, co	YEART 2)		
MEDICAL CERTIFICATION	190. DATE OF THE PROPERTY OF T	NAL CAI	RATION USE WAS OR CAUSE OF RRED TO WHILE WORK	21b.T HOL P DEATH	ONDITION F	RY NTH DAY YEAR 1 / 12 1985 URY (ATHOME, RM, ETC.)	RATION W. 21t. HC 21t LOC 3 I	AS PERFORMED? DW INJURY OCCU GESTED (CATION IREE! Deauvil W K Inspe Homicide TITLE (SPECIFY	RRED (ENTER PORTION CONTROL CENTER PORTION CENTER PORTION CONTROL CE	Environment of the second of t	vn O · , C I , on	CO . P	YEART 2) DUNITY Md.	s CX	STA
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MPORIANT: If them 21 is marked or them 18

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

BP_____ DHMH - 16 50M 4/83

(VRA 15, 4)

	1-	FOR STATE REGISTRAR			DEPA	RTMENT OF H	EALTH AND A		REG. NO).		
		EASED NAME	FIRST		AIDDLE		AST		20. DATE OF DEATH		DAY YEAR	26 HOUR
	,,,,,,	OK / Killer j	Vivia	n De	nning	TOWS	DΝ		January 9	, 198	35	6:45 P _M
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1	0	RTHPLACE (STATE OR F		b. CITIZEN OF		RY? 8 MARRIEI	NEVER A	ARRIED -	9. BALTIMORE CITY O			
	No	orth Caro		U.S.		WIDOWE	D DN	ORCED	Baltimore			MD.
1		TY OR TOWN OF DEA		1. NAME OF F	H FACILITY, GIVE STI	REET ADDRESS)			12a USUAL OCCUPATION OF WORK FOR MOST OF			F BUSINESS OR
		ossville		Frankl			ospita	1	Clerk	1500	Beth	
1	13a S	AL RESIDENCE (IF NURS	136 COUN	ry	GIVE RESIDENCE BE 13t. CITY OR TO Timon:	OWN	13d INSIDE CI	NO X	13e STREET ADDRESS /	zip code	Ct. Un	21093 it 202
1	14 FA	THER'S NAME	N	IDDLE	LAST			MAIDEN NAM	MIDDLE		LAS	л
1/		saac		L.	Denn	-		orence			Bri	tt
Ī		VAS DECEASED EVER		WAR OR DATES)	166. SOCIAL SI		17 INFORMA		ADDRE		-	
	No	D			216-38	3-4818	Thoma	s G.	Towson	Same	e as l	
		18 CAUSE OF DEATI PART I. DEATH W	H (Enter only AS CAUSED IMMEDIATE	BY		and cont	t				BETWEEN	MATE INTERVAL ONSET AND DEATH
	NO	Canditians, if any, gave rise to imm cause (a), statin underlying cause	nediate g the last.	DUE TO, OI	Metasta		rcinoma		er from bre			
7	CERTIFICATION	19a DATE OF OPERAT	NOI	196 CONDI	TION FOR WH	ICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?		, WERE FINDIN	
		710. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DEAT	HOUR A.	M. MONTH	DAY YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJUR			NO L
	MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	ILE []	21e PLACE (OF INJURY REET, FACTORY, OFFI	ICE, FARM, ETC.)	21f. LOCATIO STREET	N	CITY OR TO	WN	COUNTY	STATE
		270.1 certify that (t) saw the decease abave, (t) (we) (d	(this haspited alive an	Jan. 9	e deceased fra	UL	1000	, 19 <u>85</u> (aur) opinian d	toJan . leath accurred an the do	g ite and hav		that K (we) last causes stated
/		226 SIGNATURE	is Ka	1/2	loon	m.). F		MEDICAL STAF DIRECTOR PHYSIC	FIAND	1/9	
		Doris					9000		in Square D	r., 2	1237	
	(SURIAL, CREMATION,	REMOVAL	236 DATE		31 NAME OF C		REMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE
	Bı	urial		1/12/		Oak	Lawn		Baltimo		M	aryland
	24. FL	JNERAL DIRECTOR	ouda-	Ruck,	Inc.	ss	01000	25a DATE	REC'D. BY REGISTRAR	L'HEGIN	MARIA SIGNA	shelene !
	1	922 Wise	Aven	ue I	undall	k, MD.	21222	IAN	14 1985			

STATE OF MARYLAND

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STATE OF MARYLAND

As:

4 = 644

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO DECEASED NAME FIRST 2a DATE OF DEATH MONTH YEAR 26 HOUR LIYPE OR PRINTI Michael Tutin Jr. 26 85 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3. SEX MONTH DAY YEAR Male 1923 White 20 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Baltimore County WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 7625 Southbend Road Assembly Work G.M. Dundalk USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13e STREET ADDRESS / ZIP CODE 136 COUNTY 13d INSIDE CITY LIMITS? Dundalk Baltimore 7625 Southbend Rd. Maryland NO X 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Wieczorek Michael Tutin, Sr. Catherine ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT LIF YES, GIVE WAR OR DATES) as 13e 215-16-5481 Yes WW II Irene G. Tutin Same 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). Conditions, if ony, which gave rise to immediate couse (0), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20s AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE EITHER NOTIFY MEDICAL EXAMINER P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22e.1 certify that (1) (this hospital) attended the deceased fram. sow the deceased alive an 1-4-1985 19 85 and that in (my) town apinian death accurred on the date and have and from the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Dr. Ataollah Golpira 3029 Dundalk Ave 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OR TOWN 1/30/1985 Burial St. Stanislaus Baltimore Maryland 24 FUNERAL DIRECTOR Duda-Ruck, Inc andress 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

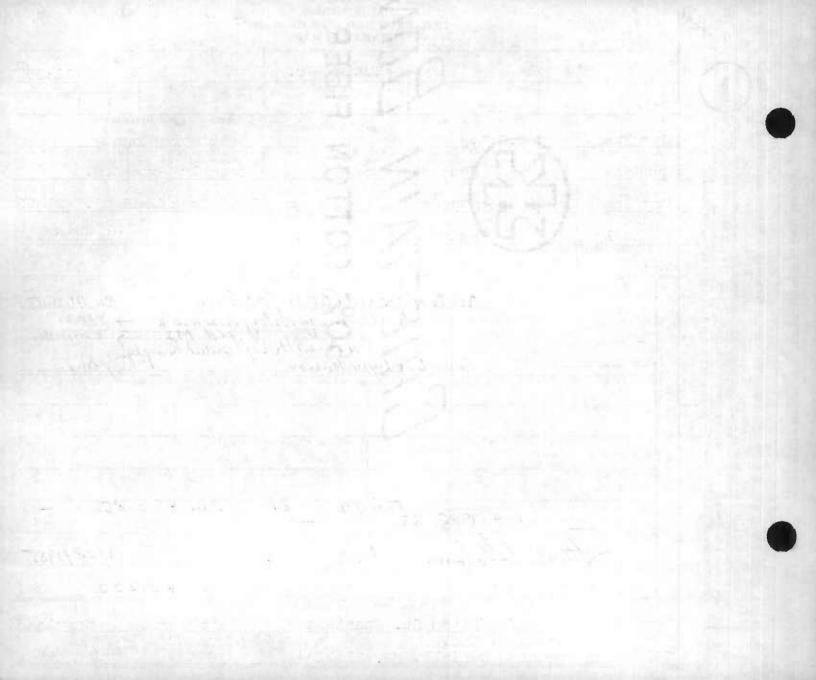
7922 Wise Avenue

Dundalk,

MD.

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1-	REGISTRAR				CERTIF	ICATE OF DEA	TH		REG. NO	D.				
J		CEASED NAME	FIRST		MIDDLE	L	AST		20. DATE OF	DEATH	MONTH	DAY	YEAR	2b. HOU	R
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	3. SE	Х		4 RACE	100	5. DATE C			6. AGE (IN YE			IF UNDER	DAYS	IF UNDER	24 HRS
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	100				H FACILITY, GIVE S			11-150	(TYPE OF WORK				USTRY		
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2	13a. S	STATE	136 COU	NTY	13c. CITY OR 1		134. INSIDE CITY L		13e STREET A						
1		Maryland	Ba	<u>ltimore</u>	Luther	ville		x	1508 I	ulane	ey Va	lley	Ro	ad 21	<u> 1093</u>
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		underlying cause		DUE TO, O	R AS A CONSE	OUENCE OF									
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		226. SIGNATURE		. /	10		DEGREE			1.1		220	. DATE	SIGNED	
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1		22d. PHYSICIAN'S N.	AME (TY	DK FRIT			22e ADDRESS		1800	T/To					
		s. J. V	enabl	e. M.D.			7215 1	lork	Road						
-	23a. F	BURIAL, CREMATION.				23c NAME OF C	EMETERY OR CREA	_	73d. LOCA	TION			-		
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	74. FI	UNERALDIRECTOR		1 1/19	, 05	rainwo	od cemete	-	E REC'D. BY R	_		-		IRF	
		NAME	Elean-	- 7 77	ADDR	1050 W-	wk Dood	111	N22	000					
	Ru	ck Towson	runer	al Home	, Inc.	TOOO AO	IN ROAD	1 YM	14 6 6	305	, who	David	1001-1	Manda B	100

DHMH - 16 50M 4/82 (VRA 15, 4)

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OR ATTENDING PHYSICIAN: The low in hospital or offending physicion.

HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director is should be detached for use as the burnal-transit permit. Then please remove corbanapers. Pages 1 and 2 should be filled within 72 hours of the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

executed within 24 hours after death. Page 4 ma

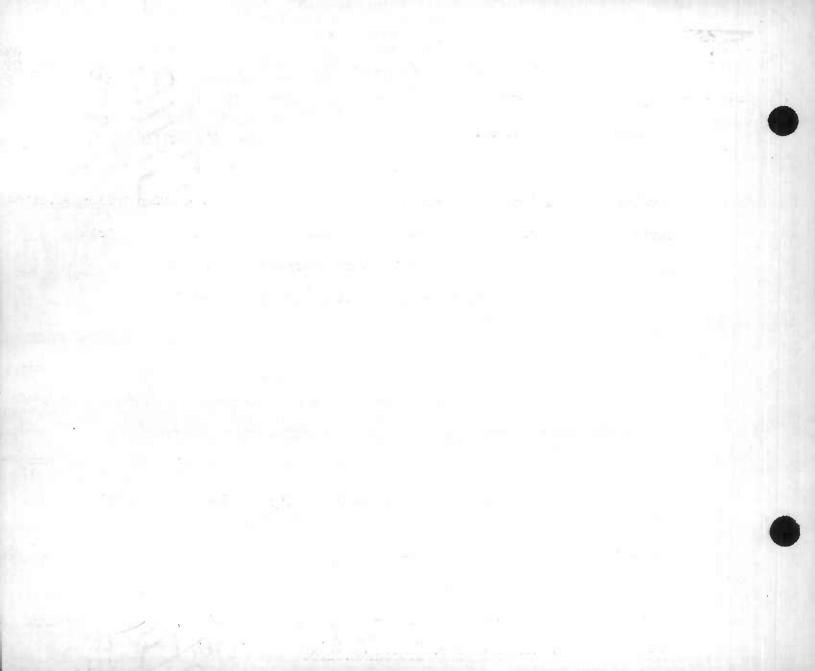
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

	- STATE REGISTRAR			DEFARIT		EALTH AND MENTAL HYO ICATE OF DEATH	REG. N	0.~		
	CEASED NAME	FIRST	٨	AIDDLE	i.	AST	20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
		ERITE	15	?. U	RBA.	n)		1-2	0-85	1240
3. SE			RACE		5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIR			IF UNDER 24 H
Fe	emale		White		7	21 1889	95	YRS.	ONIHS DATS	HOURS M
7a. Bl	COUNTRY)	OR FOREIGN 7b.	CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	ryland		U.S.A	•	WIDOWE		#altimo	RE (C	UNTY	
10 C	ITY OR TOWN OF	DEATH 11		HOSPITAL, NURSIN		ROTHER INSTITUTION	120 USUAL OCCUPAT		126. KIND OF	BUSINESS
10	NUSON	5	TEL	LAM	ARK		Homemaker	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Own Hor	ne
U5U,	AL RESIDENCE (#	NURSING HOME OR OTH	HER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 710 CODE		
135	arvland	Balti		Towso		YES NO TO	8428 B. Cl		Valley	Rd . 2
	ATHER'S NAME				711	15. MOTHER'S MAIDEN NA	ME	142200		
-	FIRST	MID		LAST		FIRST	WIDDLE		Boke	1
	WAS DECEASED E	VER IN U.S. ARME		Urbar		Anna 17 INFORMANT	M. ADDR	ESS	BOKE	1
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No)			220-46-5	5017	Verda Dorsch	- Same as	_Т т з е		ATE INTERVAL
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TIFICATION	underlying co	SIGNIFICANT COI	NDITIONS <u>CC</u>	ONTRIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES	, WERE FINDING CAUSES (GS USED
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WEDICAL BU	Underlying Co. PART 2 OTHER S 19a DATE OF OPI 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTEY 21d INJURY OCC WHITE AT WORA A 22a. I certify tho Sow the decobove. (I) (w 22b. SIGNATURE 22d. PHYSICIAN' (SPECIFY) UTIAL EUNERAL DIRECTO	ERATION SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) CHARLE CONTRIBE CO	21b. TIME O HOUR A.I P.J 21b. PLACE (AT HOME, STR PINEW the body 21b. DATE 1-22-8	TION FOR WHICH FINJURY M. MONTH D. M. OF INJURY et deceased from ofter death. 19 23c. 1	OPERATIO AY YEAR 19 FARM, ETC.) NAME OF C.	211 LOCATION STREET 211 LOCATION STREET 212 ADDRESS EMETERY OR CREMATORY	200. AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL STA DIRECTOR PHYSI 23d. LOCATION CITY OR TOWN	206 IF YES IN CERTIFY YES	COUNTY WERE FINDINI YING CAUSES (COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY M	GS USED DEATH? NO STATI

DHMH - 16 50M 4/B3 (VRA 15, 4)

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2	1-	FOR STATE REGISTRAR		STATE OF MARYLA ARTMENT OF HEALTH AND M CERTIFICATE OF D	IENTAL HYG	REG. NO		95
100		CEASED NAME FIRST	MIDDLE	LAST			MONTH DAY	YEAR 26. HOUR
8:)		FLETA		VANDYK	Œ	AGE IN YEARS LAST BIRT	1985	8:20 M
1	3. SEX	Female	4 RACE White	12 27	9°9°	85	MONTHS YRS.	DAYS HOURS MIN.
177 PS	In BI	RTHPLACE (STATE OR FOREIGN COUNTRY) ennyslvania	76 CITIZEN OF WHAT COUNT U.S.A.	MARRIED LI NEVER M	ARRIED O	9. BALTIMORE CITY O		
11 35		andalls town	LIF NOT IN SUCH FACILITY, GIVE S	RSING HOME OR OTHER INST TREET ADDRESS! unty Gen. Hosp		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Ticket Co	ON 12b. FWORKING LIFE) IND	KIND OF RUSINESS OR DUSTRY PA. Dept
filled ould be	130 9	ALRESIDENCE IN EOR STATE OUN aryland Ho	ITY 13c. CITY OR 1	TOWN 134 INSIDE CI	TY LIMITS?	13e STREET ADDRESS / 12831 Tri		Rd. 21043
ond 2 sh	14. FA	THER'S NAME FIRST UNKN	MIDDLE W N	15. MOTHER'S		UNKNOOLE W		LAST
Poges 1		VAS DECEASED EVER IN U.S. AR VES. NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES!	9-6784 Judit		ADDRE Hoffman 128	31 Triade	elphia Rd.
by the attending physici sse remove corban papel , cremation, or removal. ather troumatic event, th		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	ly one cause per line for (a), (b) DBY: E CAUSE (a) DUE TO, OR AS A CONSI (b) DUE TO, OR AS A CONSI	EQUENCE OF Our	tmet	- in		APPROXIMATÉ INTERVAL BETWEEN ONSET AND DE ATH
has been signed permit. Then plec the prior to burio we only injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT (TO DEATH BUT NOT RELATED		200 AUTOPSY?	20b. IF YES, WER	PART 110 E FINDINGS USED CAUSES OF DEATH? NO
this certificate buriol-transit de Mental Hygis	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEALIFE EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A.M. MONTH	DAY YEAR 19 211. LOCATIO		RED (ENTER NATURE OF INJUR		R PART 2) DUNIY STATE
L DIRECTOR: After the tracked for use as the e Dept. of Health and it from 21 is marked	V	WHITE NOTWHITE AT WORK 220.1 certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did no 226 SIGNATURE	tal) attended the deceased fr	om Dac. 30; 19 \$5, and that in (my)			ate and have and t	that (I) (we) last tram the couses stated 2. DATE SIGNED
should be de with the Stot	22-	22d PHYSICIAN'S NAME (14PE OF CHASSEM	PEUR MOTA	22e ADDRESS	الحاد	Co. Gen		
		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	236. DATE 1/7/85	Fernwood Ceme	tery	Landsdow		aware Pa.
16 50M 4/B3 A 15, 4)		ubbard Funeral	Home, Inc. 410	21229 7 Wilkens Ave.	JA	N 7 1985	25% REGISTRAR'S	SIGNATURE JON HONDON

FLETA STANDARKER STANDARKER STANDARKER versues a section of the section of Tourist College of the College Date of the College Country of an entertained the second Time to a side of State of the last term of the last o the man is a market the and The second secon . 24 per miles avois and success bonners in 1887. Body - State of Black A MAL | Lower smoother will be a series

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR	CERTI	FICATE OF DEATH	REG. NO.	
1	DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DA	-
1	Carl	1. Vant	ou/	013	1 85 ~6 Am
1	1 SEX	4. RACE 5. DATE	OF BIRTH TH DAY YEAR		UNDER TYEAR IF UNDER 24 HRS
	Male	unito 7	14/16	68 YRS.	
a	O. BIRTHPLACE STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRI	ED NEVER MARRIED	BALTIMORE CITY OR COUNTY C	
4	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME		BALTO, CO	WALLES OF BUILDINGS OF
	man A - Duises	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORKING LIFE)	
		OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION	PH KD		AIR CRAFT
2	MA STATE	LTO MIDOLE RIVER	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 42 S. RANDOLAH	
	IA FATHER'S NAME		15. MOTHER'S MAIDEN NA		112.
	BEORGE L.	VANHOE LAST	OLLIE .	E. DENNIS	om last
N		10 m	17 INFORMANT	ADDRESS	ABOUT
	UNK	225 18 828	2 DLLA 1	ANHOY	
1	18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		E CAUSE (a) Lung Co	meer		
1		DUE TO, OR AS A CONSTOLENCE OF			
١	Canditians, if any, which gave rise to immediate	(b)			
	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF			
	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BU	T NOT BELATED TO THE TERM	INIAL DISEASE OR CONDITION CIVE	NINI DART 1
		ONDITIONS CONTRIBUTING TO BEATH	THO RELATED TO THE TERM	MAL DISEASE ON CONDITION GIVE	A HA PART TIG
7	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY? ZOB. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
	TE CONTRACTOR			YES NOW YES	
Š	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T T OR PART 2)
	OR CONTRIBUTING CAUSE OF DEAT	In the second se			
1	THE EITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
J	NOT WHILE AT WORK				
1		al) attended the deceased fram		, ta, 19	
1	saw the deceased alive an abave, (I) (we) (did) (did nat			death accurred on the date and hour o	
	226 SIGNATURE	5.0 lanin	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
1	22d. PHYSICIAN'S NAME (TYPE OF	DODALIA DODALIA	PHYSICIAN [DIRECTOR PHYSICIAN	13/1/85
	FAULKNE	- 0	3300 Dilan	en value Ra Ba	eto md 21204
	230 BURIAL, CREMATION, REMOVAL		CEMETERY OR CREMATORY	3d LOCATION CITY OR TOWN	COUNTY STATE
	BURIAL	2/4/85 HOLL		BALTO.	no.
	24 FUNERAL DIRECTOR	ADDRESS	250 DATI	R 7 4005 Sun Da	
	J. G. CON	NELLY 306	MACETIC	0 1 1900	

DHMH - 16 60M 7/B4 (VRA 15, 4)

O FUNERAL DIRECTOR.

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(VRA 15, 4)

STATE OF MARYLAND

STATE

REGISTRAR

3706 HOLLY GROVE RD. 21220 HANDS GROVE PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (m) (our) apinian death occurred an the date and have and from the causes stated 22c. DATE SIGNED 9000 Franklin Square Dr., 21237 COUNTY STATE BURIAL HOLLY HILLS BALTO 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNAYOR DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

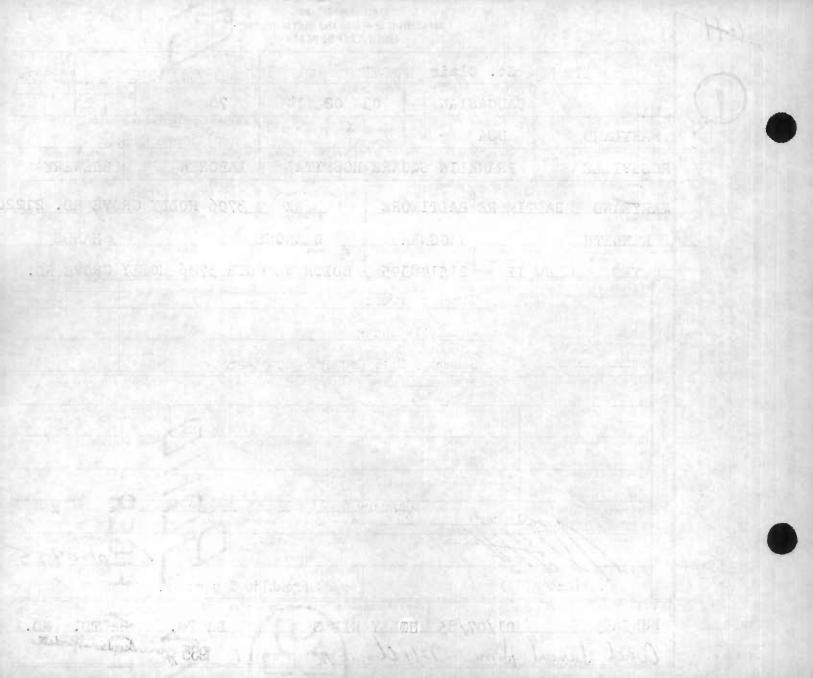
2b. HOUR

12b. KIND OF BUSINESS OR BREWERY

IF UNDER I YEAR

2:09P M

IF UNDER 24 HRS



DHMH - 16 50M 4/B3

(VRA 15, 4)

1. DE	CEASED NAME	FIRST	MIDDLE	į,	AST	20 DATE OF DEA	G. NO.	DAY YEAR	26 HOUR
{ TYPE	E OR PRINT)	Berenice	Τ.	\/\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	WRIGHT	lanus	ary 17	1985	4:35
3. SE.		4 RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24
	Female	Whit	te	Oct	ober 25 1893	91	YRS.	MONTHS DAYS	HOURS
	IRTHPLACE (STATE OR		OF WHAT COUNTR	V2 B		9 BALTIMORE C		Y OF DEATH	-
	Ohio	lu s	S A	WIDOWE	DE NEVER MARRIED DE DIVORCED D	Baltin	nore C	ounty	
	ITY OR TOWN OF DE	ATH 11. NAME	OF HOSPITAL, NURS	SING HOME C	OR OTHER INSTITUTION	12a. USUAL OCC	JPATION	126 KIND C	F BUSINES
(Cockeysvi	lle 13	801 York	K Ra.		Housey			n Hoi
USU.	AL RESIDENCE (IF NUR	SING HOME OF OTHER INSTITU	TION, GIVE RESIDENCE BEF		13d. INSIDE CITY LIMITS?				
	Md.	Balto.	Cockey		YES NO	13801	York F	Rd. 210	30
14 F/	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME	DUE	(A)	51
/	Ralph	Pearso		npson	Mary	Alice	Folc	kemer	
	WAS DECEASED EVER	IN U.S. ARMED FORCE		CURITY NO.	17 INFORMANT	1	DDRESS		
,	No		21846	.3254	Alice W.	Gary E	Balto.,		IMATE INTERV
	Conditions, if ony gave rise to im couse (a), stati underlying cause	mediate ng the e last.	ANTENIO	DUENCE OF	TIC CANDIOV	asculas	Disensi	-	a
CATION	gave rise to im couse (a), stati	which mediate mediate by the lost. Out of the lost. Out of the lost. Out of the lost of the lost. Out of the lost of the lost.	DONGEST DONGEST DONGEST DONGEST SCONTRIBUTING TO BREA	OUENCE OF SCLERGO DEATH BUT	TIC CANDION	asculas	CONDITION G	ES, WERE FINDI	NGS USED
RTIFICATION	part 2. OTHER SIG	which mediate mediate bustone	O, OR AS A CONSEC CONTRIBUTING TO CONTRIBUTION FOR WHICH	OUENCE OF SCLERGO DEATH BUT	NOT RELATED TO THE TERMINANT WAS PERFORMED	ASCULAS WINAL DISEASE OR 20a AUTOPSY YES NO	CONDITION G	ES, WERE FINDS	NGS USED S OF DEATI
. CERTIFICATION	gave rise to im couse (a), stati underlying cause PART 2 OTHER SIG MASTECT 190 DATE OF OPERA	which mediate mediate the last. DUE TO CONTROL OF THE CONTROL OF	DONGEST DONGEST DONGEST DONGEST SCONTRIBUTING TO BREA	DUENCE OF SC L FOLLOWING ON DEATH BUT ON CH OPERATIO	TIC CAMDION, NOT RELATED TO THE TER.	ASCULAS WINAL DISEASE OR 20a AUTOPSY YES NO	CONDITION G	ES, WERE FINDS	NGS USED
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	PART 2 OTHER SIG MASTECT 19a DATE OF OPERA 21a ACCIDENT WAS UN OR CONTRIBUTING IF ETIMER NOTEY MED 21d IN JURY OCCUR WHILE AT WORK 22a I certify that (1	Which mediate mediate by the last condition of the last condition	O, OR AS A CONSECTION OF ACCOPTINUTY ACCOPTINUTY E STREET FACTORY OFFICE of the deceased from	DUENCE OF SC L FREE ODEATH BUT CH OPERATIO DAY YEAR 19 19 19 19	NOT RELATED TO THE TERM WAS PERFORMED 214 HOW INJURY OCCUM	ASCULAS WINAL DISEASE OR 200 AUTOPSY YES NC RRED (ENTERNATURE)	CONDITION G 20b. IF Y IN CERT Y OR TOWN	ES, WERE FINDI TIFYING CAUSES YES	NGS USED S OF DEATH NO ST
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	QOVE rise to im couse (a), stort underlying couse (b), stort underlying couse (b). The couse (b) and the couse (b) and the couse (c) and t	Which mediate mediate part to the part to	O, OR AS A CONSECTION OF ACCOPTINUTY ACCOPTINUTY E STREET FACTORY OFFICE of the deceased from	DUENCE OF SCLERE O DEATH BUT CH OPERATIO DAY YEAR 19 CE. FARM. ETC.)	NOT RELATED TO THE TERM WAS PERFORMED 216 HOW INJURY OCCUM 211 LOCATION STREET 2 3 19 84 and that in (my) (mm) apiniar DEGREE	ASCULAS WINAL DISEASE OR 200 AUTOPSY YES NO CIT to death accurred an	CONDITION G 200. IF Y IN CERT Y OR TOWN STAFF HYSTCIAN	ES, WERE FINDI TIFYING CAUSES YES PART I OR PART 2) COUNTY 19 S 22c. DATE	NGS USED S OF DEATH NO The courses stored that (I) for courses stored that the courses stored that the courses stored that the courses stored that the courses stored that the courses stored that the courses stored that the courses stored that the courses stored that the courses stored that the course stored that the cou
MEDICAL	QOVE rise to im couse (a), stort underlying couse (b), stort underlying couse (b). The couse (b) and the couse (b) and the couse (c) and t	Which mediate mediate the last. NIFICANT CONDITION NIFICANT COND	S CONTRIBUTING TO BRUEN AE OF INJURY A.A.M. MONTH P.M. ACE OF INJURY LE STREET FACTORY OFFICE AND ACCEDED TO STREET FACTORY OFFICE AND ACCE	DUENCE OF SC L FREE ODEATH BUT WAS P CY CH OPERATIO DAY YEAR 19 SEFARM ETC) TO SEFARM ETC)	PATIC CARDION NOT RELATED TO THE TERM WAS PERFORMED 211 LOCATION SIREET 211 LOCATION SIREET ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY YES NC RED (ENTERNATURE) death accurred an MEDICAL DIRECTOR P	CONDITION G 20b. IF Y IN CERT Y OR TOWN STAFF HYSICIAN CONDITION C	ES, WERE FINDI TIFYING CAUSES YES PART I OR PART 2) COUNTY 19 S 22c. DATE	ngs used sof Death NO That that (I) for causes state SIGNED 7/85

Henry W. Jenkins & Sons Co. Balto., Md.

The state of the s - STATE

(TYPE OR PRINT)

3 SEX

REGISTRAR

FRENCH

4 RACE

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

LAST

5. DATE OF BIRTH

MIDDLE

TURLEY

CERTIFICATE OF DEATH

WALLS

REG NO 2a. DATE OF DEATH MONTH DAY 2h HOUR 1985 3:47 PM 25 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER ! YEAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Chief Clerk Chessie System 13e.STREET ADDRESS / ZIP CODE NO T 1702 Haddington Garth MIDDLE **ADDRESS** Same as #13. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

MONTH DAY July 5, 1923 Male White BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED West Virginia U.S.A. WIDOWED DIVORCED | 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION A CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS TOWSON GREATER BALTO. MEDICAL CENTER UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13d. INSIDE CITY LIMITS? 13a STATE 13c. CITY OR TOWN YES | Maryland Baltimore Lutherville 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Walls Chester В. Dicev 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT I LIF YES GIVE WAR OR DATEST [YES NO OR UNKNOWN] 236-28-6978 No Mrs. Jean R. Walls 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY ACUTE MYOCARDIAL INFARCTION IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCLEROTIC CARDÍOVASCULAR DISEASE Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES X 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 7 a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIE FITHER NOTIFY MEDICAL EXAMINER 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 10 85 19 85 22a I certify that (1) (this haspital) attended the deceased fram, 85 saw the deceased alive an. and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 226 SIGNATURE DEGREE STAFF ATTENDING MEDICAL uu PHYSICIAN DIRECTOR PHYSICIAN X 22e ADDRESS 224 PHYSICIAN'S NAME (TYPE OF PRINT) John E. Adams, M.D. 6701 N. Charles St, Towson, Md. 21204 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 4/83 (VRA 15, 4)

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(SPECIFY)

24 FUNERAL DIRECTOR

Burial

ADDRESS 1050 York Road Ruck Towson Funeral Home

30,1985

Woodmere Cemetery

Towson, Md. 21204

Huntington, W. Va.

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

NO [

STATE

STATE

COUNTY

COUNTY

22c DATE SIGNED

1/26/85

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(DING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 results or attending physician.	After this certificate has been signed by the attending physician and completely filled in by the funeral director, process the burial-transit permit. Then please remove carbonapapers. Pages 1 and 2 should be filed within 72 hours off
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DIVISION OF VITAL RECOKDS, 201 W. PRESTON ST., BALLIMORE, MARYLAND 21201	DING PHYSICIAN: The I	ertifi iol-tr
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STATE OF MARYLAND

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1	STATE REGISTRAR			HEALTH AND MENTAL HYO FICATE OF DEATH	REG. NO	0		
	PECEASED NAME FIRST	MIDDLE		LAST	26 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
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3 5	SEX .	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR			IF UNDER 24 HRS
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	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8		9 BALTIMORE CITY O		DEATH	
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	CITY OR TOWN OF DEATH		AL NUPSING HOME	ED X DIVORCED OR OTHER INSTITUTION	126 USUAL OCCUPATION			MD. BUSINESS OR
6	TOWSON	6701 N C	HARLES		(TYPE OF WORK FOR MOST OF FOOD Service	F WORKING LIFE) 1	NOUSTRY (Schools
US 130	UAL RESIDENCE (IF NURSING HOME I STATE 136 COL		TY OR TOWN	113d INSIDE CITY LIMITS?	130 STREET ADDRESS	710 CODE		
1			owson	YES NO	626 Woodh		21	204
	FATHER'S NAME			15 MOTHER'S MAIDEN NA	AME	ITHE AVE		204
1 0	arl Ja	MIDDLE BILL	rkhardt	FIRST	WIDDLE		LAST	
-	WAS DECEASED EVER IN U.S. A		OCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS	Un	known
	(YES, NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES!						
N	0	21.	2-03-0946	Mary L. Ham:	ilton-9302 I	yons Mi		21117 ATE INTERVAL NSET AND DEATH
Z	gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT	(c)	CONSEQUENCE OF	T NOT RELATED TO THE TERA	minal disease or coni	DITION GIVEN 1	N PART I a	
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATION	DN WAS PERFORMED	70a AUTOPSY?	206. IF YES, WE IN CERTIFYING		
1 3	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJU	RY	21c. HOW INJURY OCCUR			OR PART 21	
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AEG A	WHILE NOT WHILE		TORY, OFFICE, FARM, ETC.)	STREET STREET	CITY OR TO	WN	COUNTY	STATE
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2	saw the deceased alive to above, (1) (we) (did) (did 37)	on view the body attest d	Hay	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	The DATES	ionses stated
	DR. D. RO			27e ADDRESS GBMC				
230	BURIAL, CREMATION, REMOVA	AL 23b DATE	23¢ NAME OF	CEMETERY OR CREMATORY	23d. LOCATION		PUNTY	STATE
B	urial	1-5-85	Dulaney	Valley	Timonium,			
2.4	FUNIFRAL DIRECTOR			10/ 0-	TE DECID BY DECICED IN			

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Item 18 shows any

ADDRESS 1050 York Rd. Ruck Towson Funeral Home, Inc. Towson, Md. 21204 (VRA 15, 4)

RIZE REGISTRAR'S SIGNATURE

SEATER OF THE PROPERTY OF

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TO HOSPITAL OR ATTENDING PHYSICIAN The

DHMH - 16 50M 4/83 (VRA 15, 4)

Leonard J. Ruck, Inc.

TO FUNETAL DIRECTOR After this certificate has been signed by the ottending physicion and should be detected for use as the buriel training permit. Then please remove carbon popers. Pages in the tree train of Health and Memol Hygiette prior to buriel, cremation, or removal. WEORTANT If hem 21 is manual or them 18 shows any injury, or other froumotic event, the

	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	EALTH AND MENTAL	HYGIENE	o S	()	0 /	0 2
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5	R	AND ALLETOS	BACTIO	PACILITY, GIVE STREET	ADDRESS)	4 GEN HO	(TYPE	OF WORK FOR MOST OF Housewi	F WORKING LIFE	126. KIND C INDUSTRY	OF BUSINESS OR
5	Ma Ma	aryland		Baltimo	VN	13d. INSIDE CITY LIMITS YES NO 1	52	REET ADDRESS / 4 N. Cha			21201
20		Charles	Daniel	Smit		Addie	NAME	MIDDLE		Fleto	
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9	CERTIFICATION	Conditions, if ony, wh gove rise to immedia couse (a), stating underlying couse le PART 2. OTHER SIGNIFIC 19a DATE OF OPERATION	ote (b)		DEATH BUT	NOT RELATED TO THE T	20	DISEASE OR CONI	20b. IF YES	EN IN PART TO	NGS USED
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	N	WHIE NOT WHIE AT WORK 22e.1 certify that (1) (this sow the deserted of above (1) (we) and (1) 221 SIGNATURE		deceosed from,	12-	d that (my) (our) opin DEGREE ATTENDIN PHYSICIA	IG , ME	occurred on the do			that (I) (we) last couses stated
7		22d PHYSPIAN'S NAME	rempr			77e ADDRESS	10	O.S.		1000	der .
	(BURIAL, CREMATION, REM SPECIFY) Burial	Jan 7,		Parkwo			d LOCATION CITY OR TOWN Baltimor		COUNTY	Md.
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STATE OF MARYLAND

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IF UNDER I YEAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 13e.STREET ADDRESS / ZIP CODE 2818 HARVISW ADDRESS APPROXIMATE INTERVAL PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated ATTENDING MEDICAL STAFF
PHÝSICIAN DIRECTOR PHÝSICIAN REGISTRAR 256/REGISTRAR'S SIGNATURE COM 24 FUNERAL DIRECTOR 12MORIZS HARFORD

- STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

YEAR

26 HOUR

DHMH - 16 50M 4/83 (VRA 15, 4)

a sept afternoon # 255 /4

STATE OF MARYLAND

FOR

(VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completer tilled in the first of directs, page 3 should be detached for use as the buriof-transit permit. Then please remove carbon papers. Pages 1 and 2 should be tilled with a first order of the other and Mental Hygiene prior to buriof, cremotion, or removal.
IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumatic event, the medical axonable must be notified that may be a second or item.

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	REGISTRAR				CERTIF	ICATE OF	DEATH	RE	G. NO.			
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230	BURIAL, CREMATION	, REMOVAL	73b DATE				CREMATORY	23d LOCATION	1			STATE
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24	FUNERAL DIRECTOR NAME Evans Cha	pel of	Chime	s 2325 Y	ork l	Road	250 DAT	E REC'D. BY REGIS	IRAR 256. REGIS	TRAR'S SIGN.	ATURE	22.

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DHMH - 16 60M 7/84 (VRA 15, 4)

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Leonard J. Ruck Inc. Baltimore, Maryland

(VRA 15, 4)

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENEO STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI HUGH WIEGEL. Μ. Jr. DEATH MATED 1 SEX 4 RACE DATE OF BIRTH 948 IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOLING White Male Sept. 24. 36YRS TE CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Baltimore County Maryland U.S.A. WIDOWED | DIVORCED 120. USUAL OCCUPATION (TYPE OF WORK 120. KIND OF BUSINESS FOR MOST OF WORKING LIFE) B CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Towson Greater Baltimore Medical Center/Asst. Director Hosp. SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS RUH1 Rd. RD 13a. STATE 1136 COUNTY 13c CITY OR TOWN PA York New Freedom 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Hugh Μ. Wiegel Sr. Fischer Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Ruhl ARd. R.D.#1,Box21B EYES NO OR UNKNOWN) LIEYES GIVE WAR OR DATES! Paula A. Wiegel, New Freedom, PA/7345 212-52-8265 no 18 CAUSE OF DEATH (Enter only one cause per lipe for (a), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.MV 2 2 41981 21e PLACE OF INJURY (AT HOME, 21E LOCATION 21d INJURY OCCURRED WHILE AT WORK 220. I certify that I taak charge of the remains described above, help Autopsy Inspection Undetermined manner Suicide Homicide death resulted from Natural causes EXAMINER'S NAME TYPE OR PRINT! 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION REMATION, REMOVAL 236 DATE COUNTY John the Jan. 28, 1985 St. John the Baptist, New Freedom, York, ADDRESS NEW FREEDOM, PA Deeples - Fandall J.J. Hartenstein (VR A15 ME (5)) SECOND AT FRANKLIN ST. 17349 20M 4/B2

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John H. Harkins 600 Main Street Delta. PA 173

(VRA 15, 4)

STATE OF MARYLAND

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NA SERVICE	/a. B.	REIGN COUNTRY)	IATE OR	U.S.		UNIKT?	8. MARR		ER MARRIE	D		_ /		
25.0	100	Baltir TY OR TOWN	nore	11. NAME OF			WIDOV		DIVORCE		ALTIMO			MD
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			OF DEATH (Enter an EATH WAS CAUSE		line far (a),	(b), and (c).)			/	2	Q.	Obligation to the state of the	BETWEEN OF	ATE INTERVAL
VA KEE		BY THE		TE CAUSE (a)		ar	de	e-	a	and	M	•	Jud	lean.
S ZZZZZ		Canditia	ns, if any, which		OR AS A C	ONSEQUENC	E OF							
W. PREST WITHIN AINER A TRANSIT VITAL HY		gave ri	se ta immediate	(b)_										
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AL RECORDS, 201 W. P. JULD BE EXECUTED WIT "PENDING" IN PENC FF MEDICAL EXAMIN FF MEDICAL TRAMIN FHEALTH AND MENT AL, CREMATION, OR F.	z	PARI 2 DIHER'S	IGNIFICANT CONDITIONS	CONTRIBUTING 10 DE	EATH BUT NOT	RELATED TO THE T	ERMINAL DISEAS	E DR CONDITION	GIVEN IN PART	[] (a).				
RECO PENDE PENDE AS AS	CERTIFICATION	19a DATE OF	OPERATION	Ties con	NDITION E	OR WHICH OP	EDATIONIN	/AC DEDECODA	MED 2				20 AUTOPS	. V.0
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ON OF THE WEST THE WE	i i		OR OR		A.M. MON	TH DAY YE	AR	O ** 11 * 3 O K 1 *	OCCORRED	(EIVIER IVATORE	. 07 113081 114 116	M TO FART TOK	(0012)	
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DIVISION S CERTIFIC RITING TH RDED TO SE 3 SHOU TE DEF ART	ME	WHILE	NOT WHILE	STREET.	FACTORY, FAR			STREET		CITY	OR TOWN		COUNTY	STATE
MA WA ZIZATA		AT WORK	AT WORK											
EXAMINER: CERTIFICATE ULUE BE FOR, DIRECTOR! , WITH THER: MARYLAND,		22a. I cert	ify that I taak charg		described	bave, held ar	Autop	sy .	Inspection	Inc	quiry	and in my	apınıan	
EXAMINEI CERTIFICA ULD BE FC DIRECTOR I, WITH THE		death result	ed fram: Natur	ral causes	Accid	ψ L.	Svicide	, Homici	ide 🔲	Undetermin	ed manner		/	,
EXAM CERTI ULD B DIRE WARY	1	ACTUAL	relie	elen	4	0-	Park	TITLE SP	1	,,		DATE	1/10	101
ZESZE W	1	SIGNATURE	uu	/	02	Min	rueg	0 1/4	que	MEDICAL	EXAMINER	SIGH		100
AKEDICAL CUTE THE CUTE THE SE SHOOT FUNERAL THE DEATH	1	EXAMINER'S	NAME				/	/	/				-	
TO MEDIC EXECUTE: PAGE 4.8 TO FUNE AFTER DE	730 B	TYPE OR PRI	TION, REMOVAL 2	22h DATE	Ta	30 NAME OF (EMETERY C	ADDRESS_	NDV	23d LOCATI	ON			
	130.0	SPECIFY)			35 "	_				CITY OR TOV	WN		YINUC	STATE
BP	24 F	Buri UNERAL DIREC		- 6/6/6	22.1	Sacre	d Hea		25a. DATE RI	EC'D. BY REG	timor	e Mo		
DHMH - 17 (VR A15 ME (5))		NAME T = 3 7 0	0.07 - 4.7		DRESS	Easte	מים מים	10	FEE	1 10	280	Co. Jain	Son-Randa	62
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TO LOCAL TRANSPORT OF THE PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS

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FOR	DEPARTMENT OF
STATE	
REGISTRAR	CERT

ATE OF MARYLAND HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-		REGISTRAR				1					EG. NO.			
		CEASED NAME	FIRST	^	VIDDLE	27.7	LA	ST		20. DATE OF DE	ATH MONTH	OAY YEAR	26 HOL	JR
)	I	rene		M		WI	LKINS			y 8,1985			29a _M
1	. SEX			4. RACE		3	DATE O		YEAR	6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	HOURS	R 24 HRS
		Female	100	White				27, 191		71	YRS.			
12		OUNTRY)	OREIGN	76. CITIZEN OF	WHAT COUN	ITRY? 8	AA A DDIE	NEVER MAR	PIED	9 BALTIMORE	CITY OR COUNT	Y OF DEATH		
1		Virginia		U.S.	A.		WIDOWE		CED [Baltim	ore Coun	ty,	- 0	MD
	10. CI	TY OR TOWN OF DEA	TH		OSPITAL, NI			R OTHER INSTITU	TION	12a USUAL OCC	UPATION MOST OF WORKING L	17b. KIND C	F BUSINI	ESS OR
11		Rossville			lin So			pital		Home M	aker	Own	Home	
11	USUA 13a S	L RESIDENCE (IF MURSI	NG HOME OR 13b. COUN		GIVE RESIDENCE			13d. INSIDE CITY I	LIMITS?	13e.STREET ADD	RESS / ZIP COD	ÞΕ		
10	Ma	ryland	Balt	imore	Bowle	eys (X	725 Se	neca Gar	dens Ro	ad 2	1220
15	14 FA	THER'S NAME		MIDOLE	ŁAS	1		15. MOTHER'S MA			IDOLE	100		
V		Charles		E.	Lyon			Iren		M	_	angley		
1		AS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURI	TY NO.	17 INFORMANT		MEN LA	ADDRESS	DÉCITO		
		No	(11 163, 014)	t WAN ON DATES	215-74	4-47	10	Earl H.	Wilki	ns Sa	me as #1	3.		
		18 CAUSE OF DEATH PART I. DEATH W	1 (Enter on	y one couse per	line for (a), (b), and t	C' ·			1		APPROX BETWEEN	MATE INTE	RVAL
	- 3	PART I. DEATH W	IMMEDIAT	E CAUSE (a)	vocaro	dial	infa	rction		12671				
				DUE TO OF	R AS A CONS	SEQUEN	CE OF							
	75	Conditions, if ony,	which					c cardio	vasci	lar dis	ease			
		gave rise to imm			RASACONS									-19
		underlying cause	lost	(c)	. 43 4 6011	0000011	CE 01							
	- 1	PART 2 OTHER SIGN	IFICANT C	ONDITIONS CO	ONTRIBUTING	G TO DE	ATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE O	R CONDITION GI	VEN IN PART 1	0	
	CERTIFICATION													
1	CAT	190. DATE OF OPERAT	ION	1% CONDI	TION FOR W	/HICH O	PERATION	WAS PERFORME	D	200 AUTOPS		S, WERE FINDI		
/	TIE		The state of			1	At a second			YES N	_	ESX	NO [
1		210. ACCIDENT WAS UND	house	110110 4	FINJURY M. MONTH	H DAY	YEAR	21c. HOW INJUR	Y OCCURR	ED (ENTER NATURE	OF INJURY IN ITEM TB	PART I OR PART 2)	10	110
	CAL	(IF EITHER, NOTIFY MEDIC		171			19							
	MEDICAL	21d. INJURY OCCURR		21e PLACE	OF INJURY	VEE/CE EAD	M STC)	21f LOCATION	0.5	CI	TY OR TOWN	COUNTY		STATE
	2	WHILE NOT WH	ILE	I THOME, SIK	ELI, I ALIONI. O	ATTRUE, TARR	M, E16. J		DF 15					
		22a.1 certify that (1)	(this hospit	attended the	e deceased f	from_U	anuar	'y 81	₉ 85	Jan	uary 8	19_85	that (I)	wellost
		saw the decease obove, (IX(we) (d	d alive on.	January	8	1985		d that in (my) (aur) opinion o	death occurred or	the date and ha	ur and fram the	causes st	oted
		226. SIGNATURE	0		01		[EGREE				22c. DATE	SIGNED	
1	-	Isao	love	4-3	10ldr	man	. /	ATTE	NDING SICIAN Z	MEDICAL DIRECTOR	STAFF PHYSICIAN [1	8/8	5
		22d. PHYSICIAN'S NA	ME ITYPE O	R PRINT)	- Marian - M		1	22e ADDRESS		***			117	
		Isadore	A. Fe	Idman M	.D.	16		9000	Frank	lin Squa	are Driv	e 2	1237	
		URIAL, CREMATION,	REMOVAL	236 DATE		23c NA	ME OF CE	METERY OR CREA		23d. LOCATIC	N	COUNTY		STATE
		Burial	S-17.	Jan. 11	,1985	Mo	relar	nd Mem. F	Park			Balto.,		STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If Hem 21 is marked or Item 18 shaws any

24 FUNERAL DIRECTOR AODRESS 1050 York Road Ruck Towson Funeral Home, Inc.

Balto., Md.

Moreland Mem. Park

Parkville Balto., Me

1050 York Road

1050 York Road

Moreland Mem. Park

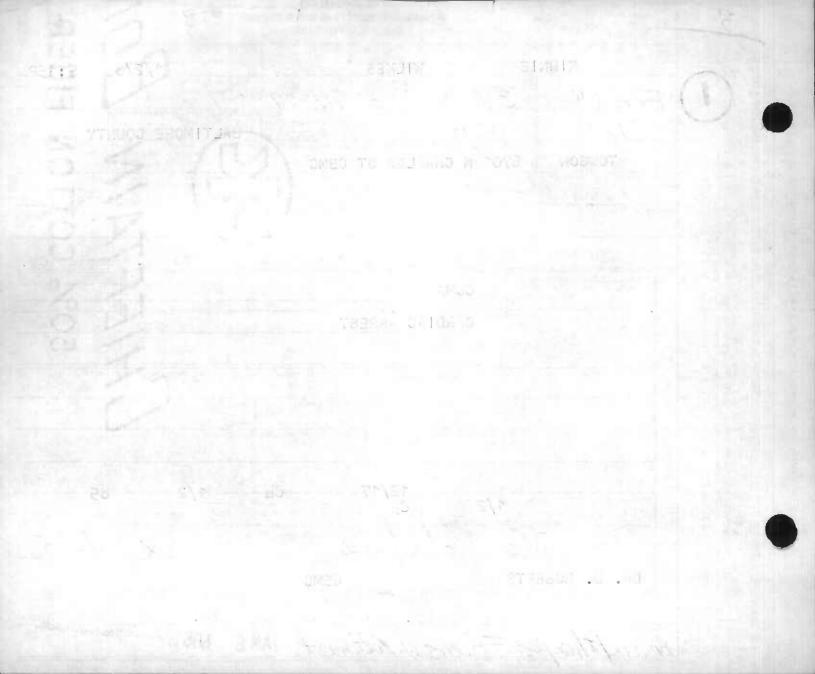
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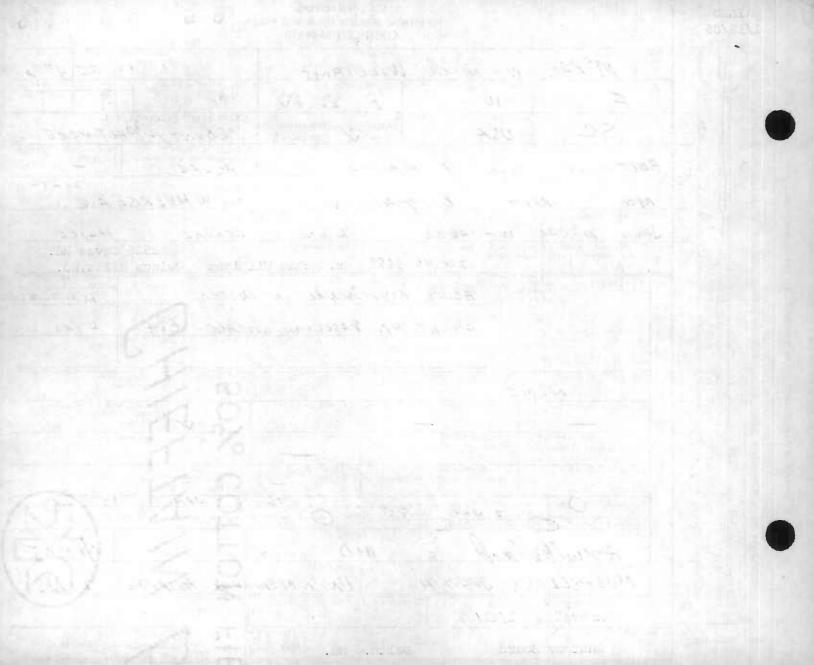
the fumeral director, page 3 thed within 72 and other	3 SE:	CEASED NAME FIRST MINN	MIDDLE V	VILKES		REG. NO		EAR 26 HOUR
s offer deoth. Page 4 may the famed diginal page tiled ather 21 page after 4	7a. BI						1/2/85	9.15P
s ofter death. Po		CITICIO	Black	S DATE OF BIRTH	16-27	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER	
s ofter	/	COUNTRY N. C.	76 CITIZEN OF WHAT COUNTR USA 11. NAME OF HOSPITAL, NURS	MARRIED NE	VER MARRIED DIVORCED		RE COUNT	ΓY Μ
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ithin 24 hourself filled in 2 should be income be	110. 5	AL RESIDENCE (IF NURSING ALL EOR) IT ATE M.D. ATHER'S NAME	OTHER INSTITUTION GIVE RESIDENCE BEF	WN 13d INS	IDE CITY LIMITS? NO HER'S MAIDEN NAM	3011 Her		21216 reet
on on one		FIRST A	MIDDLE LAST		FIRST	MIDDLE		LAST
nond con ond con Poges		VAS DECEASED EVER IN U.S. ARA (IF YES, GIVE	MED FORCES? 166 SOCIAL SE E WAR OR DATES) 2 18-36	D	ENEISE J	OHNSON 23		rring CT.
equires that the death certifical signed by the attending physical please remove corbanapop to burial, cremation, or removalury, or other traumofic event,	NO	18 CAUSE OF DEATH Enter and PART I. DEATH WAS CAUSED IMMEDIATE. Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CO	D BY E CAUSE (a) COMA DUE TO, OR AS A CONSECT (b) CARD A DUE TO, OR AS A CONSECT (c)	UENCE OF ARREST	* ATED TO THE TERMI	nal disease or coni		APPRÖXIMATE INTERVAL WEEN ONSET AND DEATH
on. has been prior ene prior ows any	CERTIFICATION	190 DATE OF OPERATION	19b CONDITION FOR WHIC	CH OPERATION WAS P	ERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FIN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
SICIAN: ng phys certifico uriol-tro tentol Hy them 18	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED		DAY YEAR	W INJURY OCCURRI	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PA	ART 2)
- C C O	MEI	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY OFFICE		STREET	CITY OR TO:	WN COUN	NTY STATE
ital OR ATTENDING by the hospitol or of ERAL DIRECTOR, Afrer e detoched for use os it Stote Dept, of Heolih o NT: if hem 21 is morke		220.1 certify that 1) (this hospit saw the deceased alive on above, (1) (we) (did) (did not 27b. SIGN TURE	1) view the body after death.	A la	ATTENDING PHYSICIAN	eath occurred an the do	22c.	that (I) (we) last method the causes stated DATE SIGNED
retained by TO FUNERAL should be de with the Stote	23a. B	DR. D. ROBE	RTS		BMC	23d LOCATION		
BP	(BURIAL JNERAL DIRECTOR			Cemeter	CITY OR TOWN		Maryland

STATE OF MARTLAND



MAILED		FOR			E OF MARYLAND BEALTH AND MENTAL HY	curur 8 5	00716
1/16/85	1.	STATE REGISTRAR			ICATE OF DEATH	REG. NO.	00,10
(1)		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MON	TH DAY YEAR 26. HOUR
2 (1)	{ TYPE	OR PRINT) M-RAE	WHITAKE	R WIL	LIAMS	/	12 85 430 pm
4 mg	3. SE	×	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER LYEAR IF UNDER 14 HRS MONTHS DAYS HOURS MIN.
oge ers oge		-	W	8	22 04	80	YRS.
Posts Posts		RTHPLACE ISTATE OR FOREIGN	16 CITIZEN OF WHAT CO	DUNTRY? 8. MARRIE WIDOW	D NEVER MARRIED	9. BALTIMORE CITY OR CO	OUNTY OF DEATH - BACTIMORE MO
s ofter d	1	ALTIMORE	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, COLLEGE	GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WO	DRKING LIFE) 126. KIND OF BUSINESS OR INDUSTRY
24 hour	USU 13a. :	AL RESIDENCE (IF NURSING I ONE OF STATE		OR TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 70/ WHEL	2/2/0
	_	ATHER'S NAME	५०० । ८	11 1/1stelo	15 MOTHER'S MAIDEN N.		KUSE AVE
15/0//		FIRST	MIDDLE	LAST	FIRST	WIDDLE	LAST
		VAS DECEASED EVER IN U.S. AR	WHITAKE	IAL SECURITY NO.	LOUISE .	LENORE	HAILE
ond oger		YES, NO OR UNKNOWN) (IF YES, GIV	E WAP OR DATEST				2526 Caves Rd.
S. P.		No	1220	44 3688	Mr. McRae W	Villiams Owi	ngs Mills,Md.
ysici operation of the state of		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
on ph ever			TE CAUSE (o)	E MYO	CARBIAL INI	FARCION	15 MINUTES
o the comb			DUE TO, OR AS A CO	ONSEQUENCE OF			10.1
he deoth c he ottendir emove cart motion, or		Conditions, if ony, which	((b) ASCV	DEHLO	PASCULAR L	SISEASE - CV	4 4YRS
of the of the series remo	V.	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CO	ONSEQUENCE OF			
gned gned burial		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	TING TO DEATH BU	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITI	ON GIVEN IN PART 1(a)
NG PHYSICIAN: The low require oftending physicion. When this certificate has been signs at the buriol-tronsit permit. Then the hord Membel Hygiene prior to backed or them 18 mays only injury.	CATION	No					
U prio	S	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED		LE YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
ho on he	CERTIFI			-		YES NO	YES NO
N. Th. Th. hysicio	8	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART T OR PART 2)
SICIA ng pl	N N	OR CONTRIBUTING CAUSE OF DE.	- III	19	_		
HYSI nding	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJUR		211 LOCATION	CITY OF TOWN	COUNTY STATE
NG P in offer the os the one the one the one of the one	8	WHILE NOT WHILE AT WORK	(AT HOME, SIREET, PACTOR	KY, OFFICE, FARM, ETC.)	-		
or affi		220.1 certify that (1) this hosp	ital) ottended the decease	ed from	19.76	10 JAN	1985 , that (1) we) last
TENDOR: A Or USE of USE		saw the deceased alive a	2 VAN	19 85	nd that in (my) (aur) apinion	n death accurred on the date of	and hour and from the causes stated
R All hosp red fept em		above (1) we) (did) (did no 22b. SIGNATURE	View the body after ded	oth.	DEGREE		224. DATE SIGNED
L OR the h L DIR trache e Dep		aure Oh.	000.4	-	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/14/25
PITA by by ANT		22d. PHYSICIAN'S NAME ITYPE	OR PRINT)		22e ADDRESS	DIRECTOR PHYSICIAN	1 7.77.83
TO HOSPITAL etoined by 11 TO FUNERAL should be def with the Storie		MULHOLLA	NS, JOHN	H	UNION HE	MORINE HOSP	TAC 21218
5 6 ± 2 3 ₹ 1		BURIAL, CREMATION, REMOVAL		231 NAME OF	EMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP		Removal	1/12/85	H BOLOVIII	TO TRACK I		
DHMH - 16 50M 4/82	24. F	UNERAL DIRECTOR		ADDRESS	250 DA	TE RECD, BY REGISTRAR 256.	REGISTRAR'S SIGNATURE
(VRA 15, 4)		Anatomy E	Board	ADDRESS Balto	., Md. JAR	July gunni	and assist-Northern

STATE OF MARYLAND



STATE OF MARYLAND FOR - STATE REGISTRAR DEPARTMENT OF HEALTH A

CERTIFICATE (

ND MENTAL HYGIENE	0	2	U	U	1	-	4
OF DEATH		REG. NO.					
		-					_

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Julia Davidson-Randa Ba

	REGISTRAR							, NO.					
	ECEASED NAME PE OR PRINT)	CHARL		REESE		LSON	20. DATE OF DEAT	1 MONTH	09	85	4:41		
3 S	MALE		4. RACE WHITE	Ξ	5. DATE C	V. 20,1895°	6. AGE (IN YEARS LAS		MONTH:	DER I YEAR	IF UNDER 2	4 HRS MIN.	
	BIRTHPLACE (STATE MARY LAND		USA	WHAT COUNTRY?	WIDOWE		INALIMI	Y OR COU	NTY OF D	INTY		MD	
	TOWS ON		GBMC -	670 1 N.	CHA	RLES ST.					KING LIFE) 126 KIND OF BUSINESS OR INDUSTRY INSURANCE		
13a	UAL RESIDENCE (# N STATE MARY LAND	136 COUN	OTHER INSTITUTION. TY IMORE	134. CITY OR TOWN TOWSON	N	13d. INSIDE CITY LIMITS?		SS / ZIP C	RCLE	21:	204		
14.1	FATHER'S NAME FIRST JOHN	WESLEY	WILSO	N LAST		15. MOTHER'S MAIDEN N LAUR	RA REESE MIDDLE			£AST			
160	WAS DECEASED EV		MED FORCES? WAR OR DATES)	16h SOCIAL SECU 212-10-		C. ALBERT F				OTHORNTON RD. SON, MD. 21204			
	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: (MMEDIATE CAUSE (a)).										MATE INTERV	AL	
CERTIFICATION		immediate oting the use last. IGNIFICANT C	DUE TO, OI		DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR C	20b. I	F YES, WEF	RE FINDIN			
			In .	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCU				ORPART 2)			
MEDICAL	21d INJURY OCC	21d INJURY OCCURRED 21e. PLA WHILE NOT WHILE (AT HOM		OF INJURY REET, FACTORY, OFFICE, F.	ARM ETC)	211. LOCATION STREET	1.10	RIOWN		OUNTY	STA	ATE	
	270.1 certify that sow the dece obove, (1) (we 220. PHYSICIAN S JAY M	NAME (TYPE O	the body	ofter deoth.		DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL	TAFF	hour and				
	BURIAL, CREMATIC (SPECIFY) BURIAL FUNERAL DIRECTOR		JAN.12,	1005		EMETERY OR CREMATOR	Y 23d. LOCATION	IUM.	BALTO). CO	MD.		

ADDRESS 6500 YORK RD. BALTO., MD. 21212

DHMH - 16 60M 7/84 (VRA 15, 4)

MITCHELL-WIEDEFELD HOME, INC.

BP

MPORTANT: If Hem 21 is marked ar Hem 18 shows any

101:10 CONSULT COMMENT STANKED Y14 70 : 7 111 1 2 L L 1 1080 11-212 2 10 50/1 50/1 Jay M. LUSTandem, M.D. Gal C-Stul M. City Leb St. The state of the s

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8	1	FOR - STATE		STATE OF MAR' DEPARTMENT OF HEALTH AN	ID MENTAL HYGIE	NE 8 5	0 0	1 1 8
		REGISTRAR	WIDDLE	CERTIFICATE O		REG. NO		To wow
e e e	ţ.	DECEASED NAME FIRST	ALTER S	WIRTZ		O DATE OF DEATH		26 HOUR
	3.	SEX	4. RACE	5. DATE OF BIRTH	6	. AGE (IN YEARS LAST BIRT	1/31/85 HDAY) IF UNDER 1 YEA	6:10PM
(集)		2106	STIHON	MONTH DAY	1904	80	MONTHS. DAY	S HOURS MIN.
	70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	9		R COUNTY OF DEATH	
1 1 13	51	PARYLAND	U.S.A.	MARRIED NEVE	DIVORCED .		ORE COUNT	Y MD.
the the lifted a	10	CITY OR TOWN OF DEATH		TAL, NURSING HOME OR OTHER I	NSTITUTION 1	20. USUAL OCCUPATION	ON 1 100 KIND	OF BUSINESS OR
S See	6	TOWSON	6701 N	CHARLES ST GI	BMC	PUBLIC U	JORKS BAL	
4 hour		UAL RESIDENCE (IF NURSING HOME O			E CITY LIMITS?	3e.STREET ADDRESS /		21093
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with with id 2		FATHER'S NAME	MIDDLE	LAST C	ER'S MAIDEN NAME	WIDDLE		AST
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ond o		(YES, NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES)	2320790 F	5 m . 14	RECORDS		
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d by the lease riel, cre		underlying cause last.	(c)					
quires signe hen pl to burn	12			BUTING TO DEATH BUT NOT RELA		IAL DISEASE OR CONE	DITION GIVEN IN PART	110
reen ig. I	- 1	THROMBO		S PULMONARY FOR WHICH OPERATION WAS PER		20a AUTOPSY?	206. IF YES, WERE FINE	OINGS LISED
The low incom.	A COLLEGE AND A					YES NOT	IN CERTIFYING CAUSE	ES OF DEATH?
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30 = 10 8		OR CONTRIBUTING CAUSE OF DE	AIR .	MONTH DAY YEAR				
¥ Work	T V STORY	21d. INJURY OCCURRED	21e PLACE OF IN.		ATION	CITY OR TOV	wn COUNTY	STATE
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ATTE Ospith ECTC ed for it of m 21		sow the deceosed alive or above, (I) (we) (did) (did n 22b. SIGNATURE	of view the body after i	death. DEGREE	ny) (our) opinion de	oth occurred on the do	ite and hour and from th	TE SIGNED
toche by # # #		Tohuran	PUM	the MD	ATTENDING	MEDICAL STAF	F	E SIGNED
HOSPITAL hined by the FUNERAL wid be detected to the Store ORTANT;		228 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADD		DIRECTOR PHYSIC	IAN L.	
TO HOSPITA retained by TO FUNERA should be det with the State		DR. E. COS	TLOW	190	5 YORK R	D LUTHER	VILLE MD	21093
0 € 5 € 3 ₹ 	23	BURIAL, CREMATION, REMOVA	236 DATE	23c NAME OF CEMETERY C	OR CREMATORY	23d LOCATION	COUNTY	STATE
BP		BURIAL	FSB.4.19	35 SATERS [5m.	BALTIMO	RE	PARYLANC
DHMH - 16 60M 7/84	24	FUNERAL DIRECTOR	111	ADDRYSS 2325 YORK	RO. 250 DATE FEB	REÇ'D. BY REGISTRAR	256. REGISTRAR'S SIGN.	La
(VRA 15, 4)			/ // .	Pel-OF CHIMS			1	gandelle

or: AT THE SECOND OF the section of the section of any injury, ar other troumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 H

6010 REISTERSTOWN RD

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	5	0	0	1	1	9
	REG. NO.					

	1 -	STATE REGISTRAR			DEFARIN		ICATE OF DE	ATH	ENE	REG. NO	7			*
		CEASED NAME	FIRST	MID	DIE	l	AST		20 DATE C	F DEATH		Y YEAR	2b. HOUR	
		OR PRINT)	MIRIAN				ISHNOW			IARY_1			12:3	5 ^A .
	3. SEX	Х	4.	RACE		5. DATE C		YEAR	6. AGE (IN	YEARS LAST BIR		UNDER I YEAR	HOURS 24	MIN.
		FEMALE		WHITE		JULY	22, 190	3		21	YRS.			
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	,	ENGLA	ND A	II.	S A	WIDOWE		RCED	D/	TTTMO	RE_COU	VICTO V.Z.		MD.
1	0. CI	ITY OR TOWN OF D		. NAME OF HO		G HOME C	OR OTHER INSTITU		120 USUAL	OCCUPATI			F BUSINES	
1	1	PIKESVI			CONVAL		T HOME		HOL	SEWIF	Ę	AT	HOME	
Z.	13a. S	AL RESIDENCE (# NU STATE	RSING HIME OR OF		LE RESIDENCE BEFORE		13d. INSIDE CITY	LIMITS?	13e.STREET	ADDRESS /	ZIP CODE	(21215)
2	JM	ARYLAND	1 69	140	BALTIM	ORE	YES XX N	0 🗆	6956	MILBR	OOK PAI		APT	2 B
	14 FA	ATHER'S NAME		DDLE	LAST		15 MOTHER'S M		ΛE					
1		ABRAHA		DULE	MERME:	CTET	FIR:	PHTE		WIDDIE		LINUCALO		
le l	16a. V	WAS DECEASED EVE		D FORCES?	b SOCIAL SECU		17. INFORMANT			ADDRE	SS	UNKNO	MIN	
	10	YES, NO OR UNKNOWN)	(IF YES, GIVE W		14-24-0	075	MRSFL	ORELL	EPSTE	IN 38	06 BANG	CROFT	RD.21	215
		18 CAUSE OF DEA	ATH (Enter only	one couse per lin	e for (o), (b), one	d (c1,) 6	1					BETWEEN	ONSET AND DE	AL EATH
		PARTI. DEATH	WAS CAUSED I	CAUSE (a)	each Cours	dial	ARREST			-				
	NO	Conditions, if or gave rise to it couse [0], sta underlying cou	mmediate ting the use lost.	DUE TO, OR	a ACONSEQUE	NCE CON	NOT RELATED TO	udai	teel		DITION GIVEN	N IN PART 1	a	
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Ħ	CERT	21g. ACCIDENT WAS U	INDERLYING C	21b. TIME OF I	NIIIIPY		21c. HOW INJU	DV OCCUPE	FD (course	И94	YES		NO 🗌	
4		OR CONTRIBUTING			MONTH DA	YEAR	110.110.11.130	KI OCCOKK	CD (EMIEK	(A) DRE OF IN (O)	I IN IIEM IG FAK	I (OK PART 2)		
<i>r</i>	MEDICAL	(IF EITHER NOTIFY ME		P.M.		19								
41	S S	21d INJURY OCCU		21e PLACE OF	INJURY FACTORY, OFFICE, F.	ARM ETC)	211. LOCATION			CITY OR TO	WN	COUNTY	STA	16
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		220 I certify tho	(this haspital) ottended the d	deceased from	1	-11-	19.01	. to	-	15 19	15	that (I) (we	e) lost
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		110	Mullin		1	_	ATT	ENDING?	MEDICAL			1-13	2-F ¢	
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		(SPECIFY)		23b. DATE			EMETERY OR CRE		CI	YORTOWN		COUNTY	STA	16
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	Z4.FU	UNERAL DIRECTOR	SOL LE	EVINSON	& BROS.	INC.		Da DATE	N 1 7	1005	IORE ISB REGISTRA	HOON-	and the	

DHMH - 16 50M 4/B3 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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				STATE OF MARYLAN	ND	0	0 0	
6	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND M CERTIFICATE OF DE		REG. NO.	00.	121
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by be		EDNA	V.	WITZK	E	1	23 85	11 DS IF UNDER 4 HRS
e 4 m	3. SE	I FMALE	W HITE	5. DATE OF BIRTH MONTH DAY	YEAR 1900	84 yrs	MONTHS DAYS	HOURS MIN
Pog	7a B	RTHPLACE (STATE OF FOREIGN	7b. CITIZEN OF WHAT COUN	TRY? 8	9 BAITIA	AORE CITY OR COU		
deoth.		Md.	USA		ORCED Ba	altimore		MD.
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5 0 0/1	USU 13a.	AL RESIDENCE (IF NURSING HOME OF				T ADDRESS / ZIP C	CODE	
filled bould b		Md. Bal	timore Balt			20Emge R		1234
ond 2 sh		ATHER'S NAME FIRST	middle (AS	15. MOTHER'S	MAIDEN NAME	WIDDIE	LA	ST
0		WAS DECEASED EVER IN U.S. A		SECURITY NO. 17. INFORMAN	line Nied	ADDRESS	212	30
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the The					yll WICZRC	1344 110	APPRO	ONSET AND DEATH
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ry, ar	,		CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED		ASE OR CONDITION	NGIVEN IN PART 1	10
	10			s, Serzure 1		ITOREW?	IF YES, WERE FIND!	
0.0	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFOR		INC	ERTIFYING CAUSE	S OF DEATH?
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Hem 18 sh		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY PEAR	URY OCCURRED (ENTER	NATURE OF INJURY IN ITE	M 18 PART I ON PART 2]	
r Hen	MEDICAL	(IF EITHER, NOTIFY MEDITAL EXAMINE		211 LOCATION				
morked or	MED	WHILE NOT WHILE AT WORK	21e. PLACE OF INJUIL (AT HOME, STREET, EXCLORY, O			CITY OR TOWN	COUNTY	STATE
E B		220.1 certify that (I) (this bosy	ortal) ottended the deceosed f		, 19 5 9 , to	TAN		that (I) (we) lost
21 E	14	sow the deceased alive a	ot) view the body ofter death.	19_85_, and that in (my) (on) opinion death occu	rred on the date and	d hour and from the	couses stated
AT: If Hem		22b. SIGNATURE	11 1)	DEGREE				SIGNED
9 -		1	AKRAO	M D · AT	TENDING MEDIC	AL STAFF OR PHYSICIAN	1-2	5-85
TANT		224 PHYSICIAN'S NAME (TYM	OR PRINT)	22e ADDRESS				
MPORTANT		DR. RAC		3128	8 Harfor	id Rd.		
IMPORTA	23a	BURIAL, CREMATION, REMOVA		23c NAME OF CEMETERY OR CI	REMATORY 73d. LC	CATION CITY OR LOWN	COUNTY	STATE
		Bürial	1-26-85	Moreland Me		Balto.,		
4/83	24 F	schipmanek Fu	neral Home	Inc.	25a. DATE REC'D. B	PREGISTRAR ISH RE	STRAIS SIGN	indicate
4)		3331 Brehms	Lane, Balto.	, Md. 21213	JAN 25	1985		

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	8	1	FOR	DEPAR	TMENT OF HEALTH AND MENTAL	HYGIENE O O	0 / 9 9
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201	ple prio		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING I	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVE	N IN PART 1(0
35,	sign sign a ben a bury	Z	CORONAR	10.01.01	LEXORES		
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Ü	you de para	S		CARONARY	ANTEROSELEX	INI CEDITIEV	ING CAUSES OF DEATH?
2	and by and and and and and and and and and and	F	12.3.84		THITELOUCLES	YES NO YES	NO [
VII.	ysicary cate ansign Hygin	S.	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		CCURRED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT 1 OR PART 2)
	Ad # + DE		OR CONTRIBUTING CAUSE OF DE		DAT TEAK		
Z	ySIC ding s cert burial Ments	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	21e PLACE OF INJURY	211 LOCATION		
Si	PHY endi	¥.	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
DIVISION OF	of fred of the street of the s	lic	AT WORK		12 2	9, 1,	21
	S mc		220 I certify that (1) (this hose	prial) attended the deceased from	19	7 to 1	9_03, that (I) (we) last
	TOP TOP TOP TOP TOP TOP TOP TOP TOP TOP		sow the deceased alive a	on	ond that in (my) (por) opi	nion death accurred on the date and hour	and from the causes stated
	E A A B A B A B A B A B A B A B A B A B		22b. SIGHATU	not New the body after death.	DEGREE		22c. DATE SIGNED
	The Deck		Comes	wald ME	PELB PRACS ATTENDIN	NG MEDICAL STAFF	1.5.85
	TAL Y H		9/1		FULCIV	AN DIRECTOR PHYSICIAN	
	d b d b	100	224 PHYSICIAN'S NAME (TYPE		22e ADDRESS	TOREPH HOSPIT	re mo
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	DHMH - 16 50M 4/B3	24 F	UNERAL DIRECTOR	_ ADDRES		1 1 A. P	
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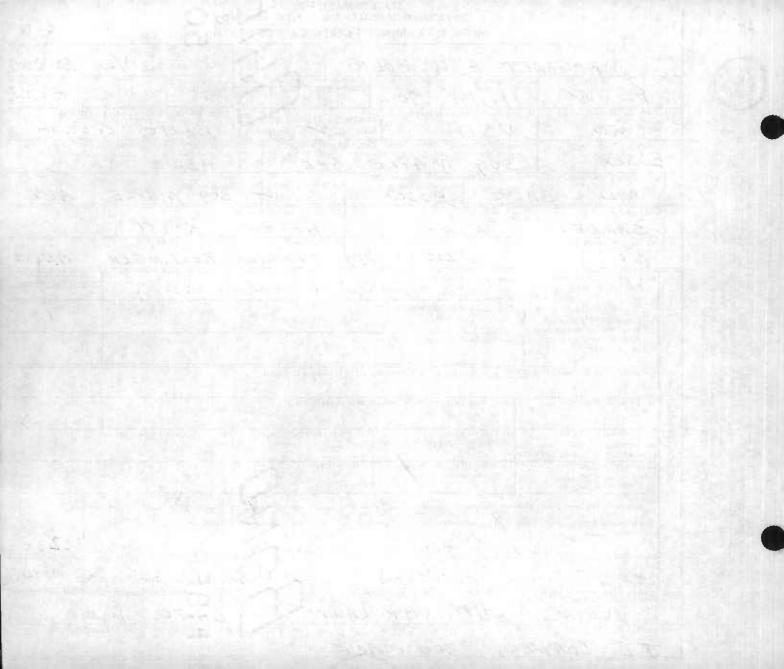
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N	1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYG	IENE 8 5	NO.	00,	2 3
		CEASED NAME OR PRINT)	James	WIE	DOLE		XST XXD	20. DATE OF DEATH January		DAY YEAR	3:30P
to (de)	3. SEX	(RACE	•	5. DATE C	F 8IRTH	6. AGE (IN YEARS LAST I		IF UNDER 1 YEAR	IF UNDER 24 HRS
		MALE		WHI		MONTH 5	9°1 1925	59	YRS.		HOURS MIN
nerol d n 72 hr	(RTHPLACE (STATE COUNTRY) MARYLAND	DR FOREIGN 71	US.	hat country? A	MARRIE	DI NEVER MARRIED	Baltim	-		N
s ofter d		TY OR TOWN OF D Rossville	EATH 1	(IF NOT IN SUCH I	OSPITAL, NURSIN FACILITY, GIVE STREET Lin Squa	ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Metalurg	OF WORKING L	SEL INDUSTRY	
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ompletely 1 and 2 sh	14 FA	THER'S NAME FIRST J SINES	W. **	DOLE	Wood	,Sr.	15 MOTHER'S MAIDEN NAM	WIDDLE		985 3:30P FUNDER 1 YEAR FUNDER 24 HRS AONTHS DAYS HOURS MIN OF DEATH INTY MIN 126 KIND OF BUSINESS OF BEATH. Steel (21237 Balto., Md. Zinkand 21237 d. Balto., Md. Zinkand 21237 d. Balto., Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH COUNTY STATE 19 85, that May we) lo and from the couses stated 277. DATE SIGNED	
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hysicia papers aval.		18 CAUSE OF DEA	ATH (Enter only WAS CAUSED	one couse per li	ne for (a), (b), on	dicii ulmons	ry Arrest			BETWEEN	MATE INTERVAL ONSET AND DEATH
equires that the death is signed by the attending the please remove con to burial, cremation, a highry, or other troumat	NO	Conditions, if only, which gave rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 Gastrointestinal Bleeding									0
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ING PHYS r attending After this of as the bur lith and Me iarked or it	MEDICAL	21d INJURY OCCU		21e. PLACE OF	F INJURY ET, FACTORY, OFFICE F	ARM, ETC)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
he haspital of DIRECTOR: June Director of Dept. of Head of the of		22a I certify that sow the dece above, M) (we	Note is hospito osed alive on (did) (did (inc)	l) ottended the Ianuary view the body of	deceased from	85, or	d that in (mod (our) apinion of operate ATTENDING PHYSICIAN	MEDICAL ST	date and ha	ur and from the	causes stated
ro Hospital etoined by th To Funeral should be deto with the State		22d PHYSICIAN'S	Albiol,		1	J KI IA	9000 Frankli			1237	700
BP		BURIAL, CREMATIO SPECHY) Buria		236. DATE 1-21-			emetery or Crematory od Cemetery				
OHMH - 16 50M 4/83 (VRA 15, 4)	24 FI	UNERAL DIRECTOR	uneral	Hame	7,401	Belk	WR RJ. 250 DATE	N 2 5 1905	R 251 RIGGIS	Davidoon	Jandelle.

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					E OF MARYLAND	8 2	0	^	3 .~
10	1	FOR STATE REGISTRAR	DEPAR		FICATE OF DEATH	GIENE O S	U	U	2 4
	1 DE	CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YE AR	26 HOUR
oy be		Olga	N.	Worr	-211	0.	1 09	85	4:30Am
moy be	3. SE	X U	4. RACE	5. DATE (OF BIRTH	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
ctor s off	-	emale	White	MONT	30 OL	78	YRS.	NIHS DAYS	HOURS MIN.
2 Park	1/1	IRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUNTRY	Y? 8	D NEVER MARRIED	9 BALTIMORE CITY C		FDEATH	
E (ETCE	4	Ohio	USA	WIDOWI	NORCED T		more C	0.	MD.
197		Towson	11. NAME OF HOSPITAL, NURS UF NOT INSUCH FACILITY, GIVE STRE MWH Medical	Nursing	of Convalencent Cer	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Lectu	OF WORKING LIFE)	12b. KIND O INDUSTRY	OF BUSINESS OR
25 mg	13a.	AL RESIDENCE (IF NURSING HOME STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSIONY WN	13d. INSIDE CITY LIMITS? YES 🔯 NO 🗌	13e STREET ADDRESS 1208 Have:	/ ZIP CODE nwood R	d.	21218
1 12 NO	A)LE	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA			IAS	
7 17 000	1	Rev. Dr. John	Ripich		Coutess	Fli:	zabeth		ranczay
5 00 0	160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	CURITY NO.	17 INFORMANT	ADDR	ESS		1209
Pogo P	1	NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES) 215-15	6105	Rev. Robert	Cartwright	1301 A		
ers.	-	18 CALISE OF DEATH (Enter	7 5 00	0246D					MATE INTERVAL ONSET AND DEATH
fico ohys nave ent,			anly one cause per line for (a), (b), (SED BY:	- And	t			5 m	
r ren		IMMEDI	ATE CHOOL (O)	- /	, C				
e co		Condition if an about	DUE TO, OR AS A CONSEO	C ILLS-				24	rs
e de att		Canditions, if any, which gove rise to immediate)	C (4)				,	
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ires the	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO		NOT RELATED TO THE TERA	MINAL DISEASE OR CON	DITION GIVEN	IN PART 1	0
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law is be prior	N S	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	10b. IF YES, V IN CERTIFYIN		
The liction.	Ē					YES NO	YES [NO 🗌
Z S S O F W		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART	1 OR PART 2)	
SICIA ng ph riol-tr	3	(IF EITHER, NOTIFY MEDICAL EXAMIN	er) P.M.	19					
this this id M	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM ETC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
of the party of th	-	AT WORK AT WORK					10	1.	
L or L or L or L or L or L or L or L or		220 I certify that (I) this has	pital) attended the degeased from		Dec 19/18	, to	1/1 19		that (1) (we) last
piro prito 170 16 170		sow the deceased alive above (I) (we) (did) (did)	not/view the body after death.	55 . 0	nd that in (my) (aur) opinion	death accurred on the d	ate and hour a	nd from the	causes stated
hed hed her		226. SIGNATURE	1 6	2	DEGREE			22c DATE	/ -
AL DAL DIETO		11/100	ten MI	m :	n D ATTENDING PHYSICIAN	MEDICAL STA	CIAN [1/10	185
TO HOSPITAL retained by 11 TO FUNERAL should be det with the Store	1	224. PHYSICIAN'S NAME (TYPE	OFPRINT)	M	27e ADDRESS				
of of sty	230	BURIAL, CREMATION, REMOVA	AL 236 DATE 23	NAME OF	CEMETERY OR CREMATORY	23d LOCATION			
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	24	Burial	-/ ± 2/05 D	uraney	Valley Mem.	Gdns Tows	25h/REGISTRA	TR'S SIGNAT	Marylan
DHMH - 16 50M 4/B3 (VRA 15, 4)		NAME	Jr. 3818 Roland	d 7		TE REC'D. BY REGISTRAF	guha Da	widson-	Mandell
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TO ST	3. SEX		5. DATE OF BIRTH	6. AGE (IN YE	ARS IF UN	DER 1 YR. IF UNDER	24 HRS. 2c. DATE	HTMOM	DAY YEAR 26. HOUR
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お書の書き	10. CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH FA	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS)	E, OR OTH		120 USUAL OCCUPA FOR MOST OF WORKIN	G LIFE)	OR INDUSTRY
302 #2 V	LICITA	AL RESIDENCE (IF IN NURSING HOA	309	MAPK	5	AVE	HS	WE	2/201
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25 - A 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	14. F/	ATHER'S NAME	BHLIE	E 220.		15. MOTHER'S MAIDE		17111126	
B 1-10/0/		SAMUEL	MIDDLE	INKS		HELE	N K	RIPP	LAST
MORE PAGE FORM S 1 A	16a. V	VAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECURIT	Y NO.	17. INFORMANT	-	ADDRESS	
ITI AA HI		ES, NO, OR UNKNOWN) (IF YES, G	WAR OR DATES)	216 05	7757	THOM	AS ZEL	LINGER	ABOUL
DURS DURS 18. G WIT. PA		18. CAUSE OF DEATH (Enter PART I DEATH WAS CAU			0-	I and -			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST., D WITHIN 24 HOL ENCIL IN ITEM 18 AMNIER ALONG: "TRANSIT PERMIT ENTAL HYGIENE, I REMOVAL.			IATE CAUSE (o)	which gener	- 0	cardiovo	is with o	sease	
RESTO III IN II IER AL NSIT P OVAL.		Conditions, if any, whi		AS A CONSEQUENCE	OF				
WIT ALL		gove rise to immedia couse (o) stating the und	ote (b)	AS A CONSEQUENCE	OF				1
		lying couse lost.		AS A CONSEQUENCE	Or				
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L RECORDS, 3 UUD BE EXEC "PENDING" "PE MEDICAL SED AS HEALTH ANI CREMATION,	NO								
ALRECO HOULD BE D. "PEND HIEF MEI USED AS DF HEALT	CERTIFICATION	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPE	RATION W	AS PERFORMED?			20. AUTOPSY?
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SION RTHFIK IG TH PART PART	MEDICAL	CONTRIBUTING CAUSE C		DF INJURY (ATHOME,	215.10	CATION			
DIVISIC IS CERTII ARDED T GE 3 SH TE DEPA	ME	WHILE AT WORK		TORY, FARM, ETC.)		STREET	CITY OR TOWN	cc	DUNTY STATE
THIS SWAI PAG STAT							M	X	
CAIR FOUR THE	13	220. I certify that I took ch			Autop		1.	ond in my o	pinion
EXAMI CERTIFIC DIRECTION WITH VARYLAIF		death resulted from: No	otural couses	Addident L.J., S	uicide	, Homicide	Undetermined mon	ier [],	V -
A POULE		ACTUAL J. C	ossan -	Jonar -		Deput	MEDICAL EXAMIN	DATE SIGN	ED / 224 8-5
MEDICAL CUTE THE CUTE THE SE SHOUNERAL ER DEATH, TIMORE, M			0	Markey 1	1	311)	07 10	L W D	14 ml 2112
		(TYPE OR PRINT)	Kossan U	BONOVA)	ADDRESS	Sunda	L Muz. 13	المالع المالع المالع
EXE EXE PAC 10 8 ALT	23 e. B	URIAL, CREMATION, REMOVA	1 23b. DATE	23c. NAME OF CE		OR CREMATORY	23d. LOCATION CITY OR TOWN	cou	UNTY STATE
ВР	74 F	UNERAL DIRECTOR	+ 1/2 1/	OTTA	4/1		BAL REC'D-BY REGISTRAR	125h REGISTRARIS	SIGNATURAL DE
DHMH 17 (VR A15 ME (5))		NAME	WELL	300 M	IAC	250. DATER	23 1985	4(2,11,1,102)	A s-h last language
15M 7/76	-	VIDI LOW	IL VA	200 1.1	110				



20/0/11 District the second probability of the Second Secon STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1	1-	FOR STATE REGISTRAR	DEPART		HEALTH AND MENTAL HYG	IENE D S	0 0	121
		CEASED NAME FIRST	WIDDLE		LAST		MONTH DAY YEAR	26 HOUR
d			HLEEN YOUNG			MILLERY	1-18-85	11:45,PI
	1. SE)	FEMALE	4. RACE WHITE	5. DATE (6. AGE IN YEARS LAST BIR	THDAY) IF UNDER LYEA MONTHS DAY	
)		Maryland	75 CITIZEN OF WHAT COUNTRYS USA	WIDOW		BALT IMOR	E COUNTY	MD
7	10. C	Towson	GBMC - 6 JAO GON TREE	OHAR	LES STREET	126 USUAL OCCUPATION OF WORK FOR MOST OF Registere	F WORKING LIFE) INDUSTR	OOF BUSINESS OR Nursing
	130 S	Maryland Ba	or other institution, give residence before UNIY Itimore Towson		134 INSIDE CITY LIMITS? YES NO 🔀		zip code urth Road,	#21204
	7	William	Kimbal Fulle		15. MOTHER'S MAIDEN NAMED FIRST	May	Zimn	
	(1		GIVE WAR OR DATES)		17 INFORMANT		SS Cockeysv	
1	1	No			Kathleen M.			21030
		PART I. DEATH WAS CAUS	only one cause per line for (a. 1677) SED BY. ATE CAUSE (a)	STAT	IC LUNG CAN	CER TO LI	VER BETWEE	OXIMATE INTERVAL ONSET AND DEATH
١			DUE TO, OR AS A CONSEQU	ENCE OF				
		Conditions, if ony, which gave rise to immediate cause (a), stating the	(b)	ENCE OF				
ı		underlying couse last.	(c)					
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	lia
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIC	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUS YES	DINGS USED SES OF DEATH?
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	BEATH HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2	}
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	FARM, ETC }	21f LOCATION STREET	CITY OR TO	WN COUNTY	STATE
		220 I certify that (1) (this has	pital) attended the de 85d from		nd that in my (our) opinion o	, to	19 85	_, that (I) (we) last he causes stated
		226. SIGNATURE	4. Hll	~		MEDICAL STAF	FF /	1/19/85
		DR. TODD H	HILLMAN, M.D.		6701 N. CH	ARLES ST	REET -GBMC	
	23a. B	Burial, Cremation, Remova	Tan 22 1985 T	Julane	ey Valley Cem	1. Timoniu	m, Balto. C	o., Md.
	Le	Mitche Mitche	Clary ell-Wiedefeld, 10	imon W. P	ium, 21093 ^{DATE} adonia Rd. JA	N 2 2 1985	25b. REGISTRAR'S SIGN	ATURE

DHMH - 16 60M 7/B4

IMPORTANT: If them 21 is marked ar Item 18 shaws ony injury, ar ather traumatic event, the TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbanpaper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

(VRA 15, 4)

Application of the first of the when the sub-file 6 at the state of the stat in dealings and the second of CONTRACT OF THE PROPERTY OF TH EATHOUGH ENGLISHED OF RESPONDING FOR THE STATE OF

SENTERAL SENTE ELITE Line of the Control

	7	FOR				DEPARTMENT O		AND MEN	TAL HYGIE	NED C	,		
10	11-	STATE REGISTRAR				DICAL EXAMI			TE OF DE	ATH 3	REG. NO.	10/	2 8
		CEASED NAM	E FIR	ST		MIDDLE		JR.		20. DATE KN	NAMAN	MONTH DAY YEA	R Zb HOUI
Bealta			DR. R	OBERT		L.	YOUN	G. M.D.				-11-85 19	
五百五百萬	3 SE	Х	4. RACE	S. DA	TE OF BIRTH	6 AGE (IN	YEARS IF UN	DER I YR. IF L	JNDER 24 HR	PRONOUNC	FD	MONTH DAY YE	R 2d HOU
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1000		IRTHPLACE (S DREIGN COUNTRY)	TATE OR	p CI	TIZEN OF WH	AT COUNTRY?	8. MARR	ED X NEVER	MARRIED [-	COUNTY OF DEATH	
3		Marylan			. S.	A.	WIDOW		IVORCED [County	ME
5	4	ITY OR TOWN		11. N/	AME OF HOS	PITAL, NURSING HO CRITY, GIVE STREET ADDRES ORE County	ME, OR OTH	ER INSTITUTION	N 12a. U	SUAL OCCUPA OR MOST OF WORKIN	TION (TYPE OF	WORK 12b. K	BUSINESS STRY
8		Randall		E OR OTHER	altimo	re County	Gener	al Hosp		Physic		Employ	
52	3a	STATE	my	UYIZ	140	13c. CITY OR TOWN	1	13d INSIDE CITY LI	IMITS? 13e S	TREET ADDRESS	2416 S	till Fores	t Road
4	The Personal Property lies	aryland		DA	110.	Baltimo	re	YESK- N			, Mary	land 21208	<u> </u>
2	1	FIRST		MIDDL	.E	LAST		15. MOTHER'S FIRST		AE MIDE	DLE	LAST	
į	160.	Rober WAS DECEASE	DEVER IN U.S	L. ARMED FO	DRCES?	Young :		17. INFORMAN	yce		APORESE	King	-4 24
	1	YES, NO, OR UNKNO	WN) (IF YES	et- Na	DATES)	212-36-78		1000				Still Foremore, Md.	
	-					far (a), (b), and (c).)	363	MITHEL	mitte H	• Toung	parti	APPROXIM	ATE INTERVAL
2		PARTIDE	ATH WAS CA	AUSED BY:		rterioscl	onotio	andia		an diaa		BETWEEN ON	ISET AND DEATH
TAL HYGIENE, R REMOVAL.		15-47	IMMI	EDIATE CAU	DUE TO, OR	AS A CONSEQUENC	E OF	Caru IV	Vascu I	ar uise	ase		
REM			ns, if any, w		(b)								
, C			stating the u			AS A CONSEQUENC	E OF						
					(c)							200	
	_	PART 2 OTHER SI	GNIFICANT CONDI	TIONS CONTRIBU	JTING TO DEATH B	BUT NOT RELATED TO THE TO	RMINAL DISEASI	OR CONDITION GIVI	EN IN PART 1 IO				
7	P	10 01 75 05	0050 . 71011										
	N S	19a. DATE OF	OPERATION	Q.	198 CONDIT	ION FOR WHICH OP	ERATION W	AS PERFORMED)?			20 AUTOPS	Υ?
	CERTIFICATION	210 EXTERNA	L CAUSE WA	S	21b. TIME OF	INTURY	21, 14	OW INJURY OC	CURRED	0 514 71107 07 11		YES XX	NO
ĺ		UNDERLYING	OR		HOUR A.M.	MONTH DAY YE	AR ZIL. HC	A IIAJOKI OCI	CORKED TENTE	R NATURE OF INJUR	IN IIEM 18 PART	TOR PART 2)	
1	MEDICAL	21d. INJURY C	NG CAUSE	OF DEATH	P.M. 21e PLACE C	F INJURY (AT HOME,	21f LO	CATION					
	ME		NOT WHILE			ORY, FARM, ETC.)		TREET		CITY OR TOWN		COUNTY	STATE
								V		Г	7		
				_	attraction .	ribed above, held an	-		spection	Inquiry L		n my apinian	
		death result	ea from:	Natural caus	s LAI,	Accident,	Suicide	, Hamicide		etermined mann	ier,		
		ACTUAL SIGNATURE	7	X119	V		44	TITLE (SPECI		DICAL EVA	150	DATE SIGNED 1-12	0.5
1	7		1	1	747 6			H2212	Latt ME	DICALEXAMIN	IER	SIGNED 1-1	-03
	-	EXAMINER'S (TYPE OR PRI	NAME VT)G	regory	R Kau	ffman, M.)	ADDRESS	111 P	enn Str	eet		
•	23a.B	URIAL, CREMA	TION, REMOV	AL 23b. DAT	E	23c. NAME OF C	EMETERY O	RCREMATORY	23d	LOCATION		COUNTY	STATE
			urial		6/1985		Memor	ial Pari	k	1	Baltim	ore, Maryl	
		A HALLE GALE			Gwynn	s Falls Pa	rkway	250.		V DECISTOAD!	754 DECLETE	PAR'S SIGNATURE	
	ru	neral H	ome In	c. Bal	timore	, Md. 212	16	JA	1111	1900			

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Section 1884 and - 10 Jt - 1

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Young Dr. Alved

Sale Still Forest Nd.

Viet- Mam 112-31-7823 wilhelming H. Young Beltimore, 1M. 21705

Burint 1/16/1983 Arentus Monarini Perk Nuctor & Sons 2591 Savans Falls February Mumeral Mont Inc. Baltimore, Md. 21216

3	1-	FOR STATE REGISTRAR			DEF	ARTMENT OF	E OF MARYLANI IEALTH AND MEI ICATE OF DEA	NTAL HYGIE	NE 8 5	0	0 7	2 9
(B) =		CEASED NAME	rirst alia		WIDDLE	Zahnei	AST .		anuary	16, 198		26. HOUR 10:55а,
d dog	3. SE			4 RACE	,	5. DATE			AGE (IN YEARS LAST B		UNDER 1 YEAR	IF UNDER 24 HRS
ge 4 n ector.	1	Female		White		MONI	/16/189		86	S YRS	VIHS DAYS	HOURS MIN.
or Pos		RTHPLACE (STATE OR FO	DREIGN]	U.S.		MARRIE WIDOW	D NEVER MAI	BBIED	Baltimore city Baltimore		FDEATH	MD
s ofter d		Baltimor	e /	Frank	Lin S	quare H	ospital	TION	10. USUAL OCCUPA (Type of work for most Housewi:	FION OF WORKING LIFE) C	126. KIND OF INDUSTRY	BUSINESS OR
filled in could be	13a S	AL RESIDENCE (# NURSIN	G HOME OR C	OTHER INSTITUTION	Balt.	EBEFORE ADMISSION) TOWN LMOre	131. INSIDE CITY YES 💾 N	LIMITS?	STREET ADDRESS	ZIP CODE TOMAC	St./2	21224
AARYL d within aplerely and 2 sp	14 FA	THER'S NAME FIRST	~	AIDDLE	Fied		15 MOTHER'S M	51	MIDDLE		ŁAST	1
MORE, No and can Pages 10		GEORGE VAS DECEASED EVER I		MED FORCES?	166 SOCIAL	SECURITY NO.	Mar 17 INFORMANT		ADD	RESS	Iman	
LTIM		NO IS CAUSE OF DEATH					Bernar	d Zah	ner 740	S. Po	tomac	ATE INTERVAL NSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 CHITSCIAN The law requires that the death certificate be executed within 24 hours attending physician and campletely filled in by the thir certificate has been signed by the attending physician and campletely filled in by the third permit. Then please remove corbonopers. Pages I and 2 should be mit the first permit in green prior to buriol, cremation, ar removal.	z	Conditions, il ony, gove rise to imm cause (o), stating underlying cause	which ediote the lost.	DUE TO, O	PRAS A CON	SEQUENCE OF SEQUENCE OF G TO DEATH BU) THE TERMIN	NAL DISEASE OR CO	, NDITION GIVEN	IN PART No	
he law requirements to be not be to be not b	TIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR V	VHICH OPERATIO	N WAS PERFORM	AED	200 AUTOPSY?		VERE FINDING	
I OF VITA	CAL CERTIFI	710. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION OF THE PROPERTY OF	AUSE OF DEAT	in .	OF INJURY ,M. MONTI .M.	H DAY YEAR	21¢ HOW INJUI	RY OCCURRE	D (ENTER NATURE OF IN.	URY IN ITEM 18 PART	I OR PART 2)	
IVISION uG PHY: athendric the this, in the bu	MEDICAL	21d INJURY OCCURR	11	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, (OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR 1	OWN	COUNTY	STATE
NO SE SE SE SE SE SE SE SE SE SE SE SE SE	1	22a.1 certify that				Irom Janua		19_85	₁₀ _Januar	y 16, 19	_85 #	hot X (we) last
A C T D T T T T T T T T T T T T T T T T T		saw the decease above, (Nee) (di	d plive on id) (did ot	Januar	Vilter death.	-19 -85- .°		ur) opinion de	oth occurred on the	date and hour o		
At OR At DIRE		226 SIGNATURE Mark	, F.	Peters	m	MD	PHY	ENDING YSICIAN	MEDICAL ST.	AFF ICIAN 📉	1/16/S	
TO HOSPITAL retained by the TO FUNERAL should be det with the Store		MARK I	-1	terson	M	0	22e. ADDRESS 9000	Frankl	lin Square	Drive	2123	7
O #	23o E	BURIAL, CREMATION, F	REMOVAL	23b DATE			EMETERY OR CRE		23d LOCATION		COUNTY	STATE
BP		Burial		1/19/	1985	Sacred	Heart	Cem.		Balt	imore	Md.
DHMH - 16 50M 4/83 (VRA 15, 4)		Jilaly & Z	eile	r Inc.	190	ress Easte	rn Ave.	JA	N 1 8 1983	R 25b. REGISTRA	R'S SIGNATU	na l

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	Street, or hadron fath 1 of the house of the last of t

10		FOR STATE REGISTRAR		м		NT OF HE	ALTH AN		U	-	O REG NO	0	1	3 (
T	DEC	EASED NAME OR PRINT)			WIDDLE		LAST			OF	NOWN [2]		DAY	YEAR 2
SECTION I	SEX	14	KATHL RACE	S DATE OF BIRT			IF UNDER T			2c. DATE	Veg	MONTH	DAY	YEAR
		male STA	White	March 5	, 1947 3				REG. NO. To. DATE KNOWN DATE DATE DATE DATE ST.	RIT!				
35	FOR	ryland		U.S.	Α.	v	VIDOWED [DVID	ORCED					
H SH SH SH		wson	OF DEATH	(IF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)		STITUTION	FOR M	OST OF WORKI	NG LIFE)	OF WORK	OR IN	DUSTRY
SO Z Z		L RESIDENCE (II	136 COU	OR OTHER INSTITUTION,		E ADMISSION	134. 11		13e. STRE	ET ADDRES	S			
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